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Caught Napping

By ADELAIDE M. PLUMPTRE

Chairman of the Immigration Committee of the Social Service Council of Canada

THE Minister of Immigration in the "Conlablib" government leaned back in his office chair and gazed at the rectangle of white paper, floating upon the shining sea of dark mahogany which was his desk.

On the snowy surface of the paper were written in bold script, two words only:

"Immigration Policy."

Nothing more.

In the outer office a mob of pressmen, clamoring for a statement from the new minister, was held at bay, with some difficulty, by his capable private secretary, George Smith, a priceless legacy from his predecessor in office.

The door opened. George entered, and closed the door behind him before he spoke.

"Is the statement ready for the press, sir?" he asked, anxiously. "I have told them you are in conference and that you are not likely to be disengaged for some time; but, perhaps you would like to have the reporters in and give them an interview. It would no doubt please them."

"For Heaven's sake, keep them out, George! Tell them to come back about midnight. I had no lunch and very little breakfast. My brain does not seem to be working. I must have some dinner before I write the statement—if I write it at all. But I'll try to have something ready before midnight. Come back to the office by eight-thirty, George, and we'll try to put something together."

"Very good, sir. Perhaps you would like to listen-in on the radio a little before we settle down to work. Mr. Hasbeen had a good set installed here; he said listening-in was an improvement on having your ear to the ground as a way of picking up public opinion."

"A great idea, George! I'll be back by eight o'clock; and we'll hear what people are saying before we commit ourselves to a policy."

By eight o'clock, the Minister was ensconced in a comfortable armchair, having dined well; and now quite prepared to hear what the public was saying, while he smoked an excellent cigar.

"Tune-in, George, wherever you think I may hear something about my job. It seems to be fashionable to talk about immigration nowadays, so I may hear something useful. But give me a little music first."

The exquisite notes of a world-famous contralto, singing a negro lullaby, soothed the frayed nerves of the weary statesman; but were abruptly interrupted by a resonant masculine voice, evidently that of a fluent after-dinner speaker.

"This fair Dominion, ladies and gentlemen, has almost all the gifts that Providence can give, but it lacks the people to profit by them. With her wide empty spaces, crying out for cultivation, her boundless forests, her unexplored water-power, her fisheries, her mineral wealth, her unrivalled climate and the variety of her scenery, our country should be the Mecca of every pilgrim from the old lands and every tourist from the new."

Click——

Silence

Then a thin feminine voice took up the tale—

"The President of the Associated Social Service Workers, addressing the annual meeting," remarked George.

"This rapid survey of facts, ladies and gentlemen, will show you some of the social consequences of unrestricted immigration. The statistics, which I have laid before you, prove that the immigrant tends, too often, to lower the standards of intelligence, self-control and self-dependence in the country in which he settles. The proportion of the foreign-born in our public institutions is disproportionately large when compared with their numbers in the community. Such immigration is a liability rather than an asset; and we social workers should keep before the public and the government the vast cost of a policy of unrestricted immigration."

The voice died away. George spoke again.

"Here is the Secretary of the Friends of Distressed Europe, speaking at Toronto."

"If you could see the sights that I have seen, you would open your hearts and your purses to those innocent victims of the cruelty of war. These people are a race of peasant farmers. They are accustomed to hard work and coarse food. They could live in happiness and comfort in circumstances in which the Anglo-Saxon would starve miserably. They have very large families, and the children are accustomed to work with their parents. Place them upon our vacant arable land; they would go to the farm and stay there. We need people; they need homes; why not bring the remnant of this persecuted nation to our shores and thus promote both our welfare and theirs?"

"Let's hear what the Professor of Biology is saying at the annual meeting of the Burbank Association. His views should be interesting," said George.

"The question of immigration should be discussed, not so much in the light of the present as of the future. It matters comparatively little what may be the immediate circumstances and characteristics of the individual immigrant. But it is of supreme importance that the future inhabitants of this country should be bred from a good strain. Long ago, we recognized this principle in breeding our domestic animals. We have produced the best wheat in the world by the application of this principle to grains; why should we not also apply it to the human animal in whose power will be the development of all other varieties of life? We should look upon unrestricted immigration as a direct negation of the scientific principles to which we are committed"———

Here a shrill voice, with a foreign accent, broke in.

"And I too am a citizen of the British Empire. When you Anglo-Saxons were naked barbarians, we Hindus had an advanced civilization. We are of the Aryan family; our caste system has kept pure our strain. Your British armies imposed the presence of the English upon India. Why should we, your fellow-subjects, be debarred from entry into Canada? Some day, we shall arrive in our might and drive out the tyranny of Britain."———

The voice ceased suddenly.

"I guess he got copped for sedition at that point," said George. "Here's someone else speaking from British Columbia."

"This province shall be white. We are threatened by the invasion of a horde of Asiatics who already are laying a strangle-hold upon our most valuable industries. We must keep faith with those who have built up our country upon the basis of Anglo-Saxon traditions and the Christian faith."

"There's a bishop preaching in the Cathedral in the Maritime Provinces, sir. You might like to get his point of view."

The sonorous tones rang through the air.

"My text tonight is taken from the Epistle of St. Paul to the Colossians. 'He hath made of one blood all the nations of the world.' 'Of one blood.' 'The blood of the life.' So we might fairly quote the Apostle as saying, 'He hath made of one life all nations.' What a light this throws upon our relations with peoples of other race, color and language! We have been too prone to dislike and despise those that differ from us; yet St. Paul says that all are made 'of one life.' In this sense we are all brothers and sisters, sons and daughters of one Great Father. Are we always brotherly in our attitude to other races? How far does this Christian principle govern our national policy of immigration?"——

The Bishop's voice faded into silence; and a determined voice remarked—

"At all costs, we must preserve our imperial traditions, and our connection with Great Britain. On this depends our adherence to the free institutions in which we glory and upon which the life of the Empire is based. This should be the guiding star of our policy of immigration"

"That was a Conservative meeting," said George. "Now let us hear the Labor people."

"The demand for the importation of skilled artisans from Great Britain is an effort to camouflage an attempt, on the part of employers, to flood the labor market and thus secure an excuse for lowering wages. There is plenty of skilled labor in Canada already; there is no need to import artisans from any quarter. The lowering of wages means the lowering of the standards of life which the Labor party in Canada has fought strenuously to raise and maintain at a high level."

Silence.

Then a refined feminine voice remarked plaintively:

"Why does not the Government import more maids and train them for us? There are not nearly enough to go 'round; and those there are seem to be dreadfully ignorant. I cannot see why the Immigration Department does not do something to improve these conditions."

"Perhaps you will be able to help the lady, sir," said George. "It is getting late, but one of the big railway men is speaking to the Rotanis Club. He might be worth hearing."

"Do not allow yourselves, gentlemen, to be led astray by the many will-o'-the-wisps, the cranks and faddists, who would divert your minds from the main need of Canada today. First, last and all the time, she needs people, and more people, and then people again. We railway men have built for the future, not for the present. By bands of steel we have welded together the provinces of this fair Dominion. We foresaw the day when a population of millions, where we now have thousands, would fill the great empty spaces of our land. In no narrow and exclusive spirit, let us throw open our gates and bid the people come in. I see a vision of our ports crowded with ocean greyhounds and the slower craft of commerce. I see our railways laden with travellers and with the commodities manufactured in our own factories which they will purchase. Like the arteries of the human body, our system of transportation will carry the vivifying stream of life through our Dominion. But, gentlemen, all depends upon our adopting and maintaining the policy of the open door! Canada needs population, and needs it more quickly than it can be produced by natural increase."

"Very good speaker," said George.

"Here's the medical officer of health speaking."

"Why do we talk so much of increasing our population by immigration, and think so little of the infant life which we lose, unnecessarily, in our Canadian homes? There are only two ways for a new-comer to reach Canada; either by the stork or by a transportation company: I prefer the method which gives us the new-comer in a cradle in a Canadian home."

"Very sound," said George. "I can hear something very faint. It sounds like the Geneva call. The Council of the League of Nations is in session. You might try if you can hear it."

Very far, but clear, distinct, the voice came into the office—

"The preservation of world-peace depends upon the spirit of friendship prevailing in international relations. Especially will the immigration policies of the members of the League need to be leavened by this spirit. Upon this spirit are based all treaties and conventions; without it, they are, indeed, to quote the well-known, fatal words, 'merely a scrap of paper.'"

The Minister sat up and stretched himself. On the table lay the pad of paper with its two important words.

"Had a nice nap, sir?" asked George. "You were so sound asleep I did not care to wake you, but the reporters will be back in less than an hour for your statement."

"George," said the Minister, solemnly, "I will give you every dollar I possess in the world if you will sit down and compose a statement embodying a safe and sane immigration policy for the Dominion."

George did not venture to make the attempt; but I feel sure that the Minister would extend his offer if you, dear reader, would care to try your hand at the task!

Notes on Finland

The North has been growing in popularity with the travelling public ever since the world war. The fjords and mountains of Norway rival Switzerland and the Riviera; while Denmark, with its picturesque old towns, beach forests and charming watering places, and Sweden with its beautiful scenery and interesting social and intellectual life, both attract large numbers of visitors to their shores every year.

Finland, too, called "Suomi" in Finnish, is well known to tourists as the fourth northern country, and its unique characteristics make it peculiarly interesting. Finland can in many respects be compared with Sweden. It has enchanting northern scenery with blue lakes, deep pine and fir forests and leafy groves. Neat farms and numerous schools are dotted all over the country. Here and there a sawmill, a water mill, or a big factory standing on one of the numerous rapids gives variety to the scene, while elsewhere there are only humble cabins, vast moors and monotonous wildernesses. But the pride of Finland lies in its vast, labyrinthine archipelago, which is unique in all the world, and in its endless lakes, numbering between thirty and forty thousand, which have made it famous as "the land of a thousand lakes."

The time when Finland was only known as the home of the wolf and bear is now long past. On the other hand, Finland is not yet a tourist resort in the globe-trotter's sense, with a suggestion of unrest and overcrowded hotels. Just for this reason it has many attractions to offer to those who desire to escape that flood of tourists which overflows the principal travel resorts during the summer season, those who wish to refresh their nerves in the soothing presence of virgin nature without

(See also page 19.)

— Editorial —

In the pages of the current issue will be found a very clear statement of facts relating to the control of cancer and how the nurses can help towards its accomplishment, as contained in a pamphlet received from the American Society for the Control of Cancer.

It is with the belief that nurses will be glad to get facts which will help to prevent cancer and to secure for patients the best prospect of cure, that the article on control of cancer is reproduced.

A graceful acknowledgment of dependence on the co-operation of Canadian nurses and an earnest appeal for their assistance appear in this statement:

"In asking the nurse to help the army of earnest men and women who are working throughout the United States and Canada for the control of cancer, the American Society for the Control of Cancer fully appreciates the many duties and responsibilities which are already placed upon her. The nurse's assistance is, however, indispensable.

"People must be told about cancer, and there is nobody who can do this more effectively than the nurse. Nobody comes so frequently and intimately into the confidence of the family as she does; nobody is in a position to explain the importance which attaches to symptoms which to most persons appear trifling; nobody can know better the fatal consequences of neglect; nobody can speak with less prejudice or self-interest.

"The realization that she is preventing unnecessary suffering is the nurse's greatest reward. Too often, her sense of duty performed is the only incentive she has to spur her on to the continued efforts which she must put forth in order to make a success of her work.

"It is because of this unselfish devotion that the nurse is now asked to give her assistance to the effort to control cancer, and to help make that effort broader and more helpful than it has hitherto been."

Nurses of Canada! In the control of this malignant disease, both the opportunity and the facts are yours. What use will you make of them?

An Appreciation from the Canadian Red Cross Society

The following resolution from the General Secretary of the Central Council, Canadian Red Cross Society, has been received at the National Office, Canadian Nurses' Association:

Resolved, that the Central Council of the Canadian Red Cross Society, having heard from its Committee on Home Nursing and from its Organizing Nurses most encouraging accounts of the establishment of Home Nursing Classes for women and girls, and realizing that much of the success of the scheme is due to the voluntary service of the graduate nurses as teachers of these classes, desires to place on record the Society's grateful appreciation of this contribution to the health and welfare of the community; and directs that copies of this resolution should be forwarded to The Canadian Nurses' Association and to the Provincial Divisions of the Canadian Red Cross Society, in order that it may reach the nurses who have given their services.

The Practice of Midwifery in Canada

By E. JOHNS

THE great interest displayed in the midwife question by such a representative group as the National Council of Women came to many nurses as more or less of a surprise. We had ceased to regard the problem as a live issue, or, in any event, we felt it to have been obscured by the more insistent demands for a subsidiary grade of nursing service. It is only necessary to read the press accounts of the recent annual meeting of the National Council of Women in Toronto to realize that there exists among the women of Canada a fairly large proportion who feel that the establishment of midwifery on a recognized professional basis is desirable and should be brought about.

It is the purpose of this article to set forth the conditions upon which this demand is based. These conditions cannot fail to interest us as nurses, even though we may not agree as to the wisdom of the proposed remedy.

While it is true that the practise of midwifery by any other person than the physician is a matter for the medical profession to decide, it is also true that there are certain nursing aspects of the question which we as nurses cannot afford to ignore. For the past year I have been the convener of the Committee on Public Health in the Local Council of Women in Vancouver. During this time the question has been before the meeting several times and has been hotly debated. Widely differing points of view were expressed. There was little or no unanimity of opinion. But it seemed to me that there was a confusion of issues. Many of the women who ardently advocated the introduction of midwives honestly thought the creation of this group of workers would solve the problem of a cheaper nursing service. They thought of the midwife as a person who in return for a small fee could afford a measure of medical attendance, give continuous nursing care, and solve the insistent domestic problem at one and the same time. They did not realize that the midwife, like the physician, could only remain with her patient during the actual time of delivery and that her services must necessarily be shared with other patients if she is to be enabled to make a living. It seems probable to me after a careful study of the discussions in Toronto that this confusion of issues is fairly general in the minds of women throughout Canada, and if I am correct in this opinion it must be conceded that the problem of midwifery has its distinctly nursing aspects, since it is a *nursing* need that is felt as well as a need for medical service.

So much by way of introduction. It may now be of some interest to trace the movement within the Council itself. The attention of the Council had been directed for many years to the question of maternal welfare. This interest was sharply focussed by an address given at an executive meeting in Montreal by Mrs. Charlotte Hanington, at that time Chief Superintendent of the Victorian Order of Nurses, entitled "Maternity Care in Canada." This address was reprinted and fairly widely distributed, thus affording considerable publicity to the views set forth therein. After quoting certain statistics bearing upon conditions in the United States, Mrs. Hanington summarizes conditions in Canada as follows:

"From these facts gathered in a country like the United States with its great hos-

pitals, nurses, training schools, medical school, Federal and State Board of Health, and a strong sense of national responsibility, coupled with great wealth, we can arrive at a tentative estimation of Canadian conditions. In one Western province, a few years back, with a scattered population there were 8,000 births—3,000 of these had medical or nursing care, or both, and the other 5,000 mothers and babies were cared for by 'some one'. In one county in northern New Brunswick, out of 1,000 births, 300 had the care of physician, nurse, or both, while the care of the other 700 was not known. These figures prove we are making a conservative statement in saying that 50 per cent. of all maternity cases in our Dominion are delivered and cared for by midwives.

"What is Canada doing through her Departments of Health, her hospital systems, her voluntary health organizations, her great medical and nursing professions to safeguard the health and life of our child-bearing women? It has been said, and statistics prove that where public health programmes have been carried out systematically the death and infant mortality rate has been considerably lowered, and in those countries where vital statistics are available it has been proven, by the same process, that the span of life has been lengthened; on the other hand under the best possible conditions, as in some of our larger cities, the maternal death rate is increasing to an extent to claim the attention of the medical profession and the health authorities. If this is true in the centres of population what must be happening where little or no skilled care is given the mothers—a lack of vital statistics draws a merciful veil.

"In all provinces except Quebec and possibly Nova Scotia it is illegal to practice midwifery and in no province, with the same exception, is there any provision for the training, licensing or supervising of midwives—at the same time one half of the maternity work is carried on by them. It is to our shame that we give the safe keeping of half of our child-bearing mothers into the hands of women who are ignorant and careless, because they have had neither the training nor the necessary supervision.

"The person who is going to open up the question of the midwife in Canada requires courage. It is not from the point of view of 'introducing the European midwife into Canada' as one authority put it; but what is Canada going to do to make it safe for Canadian mothers to bear children, with the midwives who must continue to practice for a long time to come because there is no one with whom to replace them?"

With regard to the attitude of the medical and nursing professions Mrs. Hanington speaks as follows:

"The medical profession of Canada is opposed absolutely to the midwife. The nursing profession is equally prejudiced against her. To practice midwifery unless by a physician is illegal; but with our characteristic waste of natural resources, approximately one half of our child life is under control, before, during and after birth by a class of workers who have been denied all opportunity for education for the very important work they are called upon to perform. The medical profession is more and more congregating in the big cities. Physicians and nurses will acknowledge that the obstetrical training received by the medical students and student nurses is inadequate. This is proved by the increasing accidents at birth and the increasing maternal death rate under our present system, as against decreasing accidents and death rate in England under the Midwives Act. The study of Obstetrics does not hold first rank in the curriculum of the medical schools. Where do they get their practical training? The fortunate and brightest ones get positions as interns in maternity hospitals and become specialists in obstetrics in cities. We have the great nursing profession, surely they will supplement the lack of sufficient medical men. I have no hesitation in saying, and I am sure every thinking nurse in Canada will agree with me, that nurses are given a very inadequate maternity training so far as the technique of delivery is concerned. We are warned on no account to take a case without a doctor, and with our training we are not likely to do so. We make an attractive setting for a good obstetrician and an unwilling and critical collaborator with a poor one. The medical profession is responsible for this condition. They do not fear the competition of the nurse in any other department of the practice of medicine. Child birth is a natural process and with non-interference and cleanliness most mothers are safely delivered—after that, rest and lack of worry for the mother and simple care of the babe is all that is required."

The following statement sets forth Mrs. Hanington's summary and conclusions, and it is upon them that the demand of the Council for the legalization of midwifery is based. They should therefore be carefully read if an understanding is desired

of the point of view of those who advocate such measures.

"With something wrong in the large centres where best obstetrical and nursing care is available, and very much wrong where the ignorant midwife functions, resulting in a rising maternal death rate and great suffering to many, it is time for action! Statistics show that there are enough physicians in Canada in proportion to the population but they are not properly distributed; the supply of nurses falls short of the demand and they also congregate in cities. The services of both, are, however, beyond the means of the bulk of our population, so it is impossible for either to function in the rural districts.

"The old family physician, who was part and parcel of our lives, who brought the baby in his black bag, and possibly took part of his bill in potatoes or oats for his faithful horse, has gone, never to return.

"The monthly nurse who took care of the mother and baby, shouldered the household responsibilities, giving the mother four weeks' rest, has followed him. The modern physician and the registered nurse are reigning in their stead, and the majority of Canadian mothers cannot afford this service where it is available and to the most it is not and we make the fatal mistake of ignoring existing conditions. Whenever this question is brought up for public discussion it is quickly side-tracked. The alternative is offered of the graduate nurse with special maternity training; but no provision is made for this training and legislation forbids the practice. What our fifty per cent. of mothers must have is a woman, with sufficient training to attend a normal case at birth, who understands the care of babies, and above all who will assume the mother's household cares, allowing her to rest, and this must be at a fee the household can afford. The best visiting nurse cannot meet this need—she never will—she cannot live in these settlers' homes and she will not assume household cares. Her price is above rubies in a case of acute illness, for which her long and expensive training fits her.

"There are three stand-points from which we view the midwife question, speaking broadly:—

1. The Midwife must be abolished.
2. The Midwife must be ignored and left to her own devices.
3. The Midwife must have proper education and state control.

"Under existing circumstances the first proposition is impossible; the second is criminal neglect of conditions which so vitally affect our national life; the third is, for the present, the only practical way of dealing with this problem, having for its object the temporary safe-guarding of helpless women and children."

It is not my intention at this point either to agree or disagree with Mrs. Hanington's opinions. I simply bring them forward as evidence of opinions widely held by women in Canada. For that reason, if for no other, they furnish food for thought.

So much for the opinion of those who favor the legalized practise of midwifery. Now let us examine the opposing view. This can best be done by extracts from an address given at the meeting in Toronto by Mrs. Shortt, entitled Maternity Nursing and Trained Midwives.

"In Canada health affairs are under Provincial jurisdiction and any system of trained and licensed midwives would be under Provincial Ministers of Health. Quebec and Nova Scotia have these many years allowed trained midwives to practice and provided good training opportunities for those wishing to take the course. Very few have done so—the total as last given in Quebec being fifteen—and these were all in Montreal or its suburbs.

"The insurmountable difficulty is to secure the trained midwife and to ensure to her adequate pay to make a 'good living'. Even in England where there has been an established system for more than ten years—with financial (limited) aid given as an inducement to take the course, Mr. Newman states that 'the number is still gravely inadequate'. He follows this by saying 'the renumeration usually obtainable by practising midwives is seriously deficient—regarded as an annual income. It must be realized that so long as the efficient practice of midwifery fails to afford a proper livelihood—not even the best of regulations, etc., can secure the right women to meet the need.

"We believe the above is the basic reason why we do not see the trained midwife in evidence in Canada. If the fees in Quebec and Nova Scotia had afforded the trained midwife a 'good living', we would have had many more of them. If without specific training their services are in demand and they can make practically as much as the trained person, what inducement is there to leave home for six months or more—attend lectures—write on examinations and stand the expense of it?

"We suspect that to the great majority now acting as midwives there would be no appeal in an invitation to come to take lectures on obstetrics, gynecology, pediatrics and pathology—nor would the prospect of taking notes on the above and writing examinations thereon draw them like a magnet from their known and accustomed place! The course provided for educating

midwives in Quebec and Nova Scotia is much the same as that in England.

"In a recent report Dr. Janet Campbell states that 'in England in rural areas the supply of midwives is inadequate as it is seldom possible for her to make a living.'

"How much less possible would it be, for instance, in Northern Ontario. There might not be twenty births within a year in a radius of thirty miles! Moreover, access to the cases would depend on geography and the time of year. There are many times in the year, in many places, in a clearing in the bush that the case would be inaccessible. Not even a span of horses in daylight can get through the snow at times in some places. There are numbers of habitations inaccessible except in part on foot—or in summer by canoe and on foot.

"In the Prairie Provinces the use of the motor car has greatly facilitated medical service at birth.

"In Saskatchewan and Alberta small hospitals have been established in suitable locations and are supported by Provincial and Municipal grants.

"In Alberta, Saskatchewan, Manitoba and Ontario, there are also Red Cross outpost hospitals for maternity and other cases. These are 'outposts' far from organized hospitals and are of the cottage type—most of them have accommodation for four to nine patients and the nurse. In all of these the services of a Doctor are secured when possible. If not, the registered nurse in charge delivers the case. In some of the hospitals in Northern Ontario there is accommodation for ten to twelve. In recent up to date figures there was only one maternity death in the 314 cases served and this one was due to an infection before entering the hospital.

"The trained midwife does not seem a possible solution of the question of trained service at births in the sparsely settled districts. The extension of the 'outpost' service, whether in Alberta, Ontario or New Brunswick et al., would seem to offer the nearest approach to meeting the need.

"In the cities, the extension of free maternity wards or hospitals would increase the amount of trained service available. The trained midwife—if allowed and provision made for her training—would only be available in sufficient number if she were allowed to charge sufficiently large fees to ensure a good income. If this were so, the majority of those now without trained service at time of delivery would be so still because of the fact of the increased charge.

"In conclusion, we are forced to the dismal view that the ideal of trained service for all, will be long in coming and it may be that it will only eventually be achieved by compulsory hospital care."

At this point it may be interesting to quote the point of view of the Canadian Nurses' Association as set forth by Miss Kate Mathieson, First Vice President, who represented the Association at the meeting in Toronto.

"The Canadian Nurses' Association, which has a membership of 10,000 Registered Nurses in Canada and which is affiliated with the National Council of Women, is opposed to any scheme for the training and licensing of midwives in Canada.

"That is not to say, however, that the Association is indifferent to the problems of Maternal Care in Canada. On the contrary, I doubt if any organized body in Canada has given this subject the careful investigation that has been given to it by the Canadian Nurses' Association.

"The Association believes that a scheme of providing midwives for Rural Communities is not feasible.

"1. For economic reasons. These reasons have been ably summed up in the last three paragraphs of Mrs. Adam Shortt's report.

"2. The Canadian born mother does not want a midwife, and you cannot make her want one. When you have midwives for yourselves and your daughters, then the prairie wife may begin to think there is something in it. I know the prairie woman well. She is a very alert, intelligent young woman who is intensely democratic. She wants the best Canada has to offer and she gets it when the crops are good.

"I wonder if the women of Canada have ever noticed the flicker of amusement that passes over the faces of real Western women when schemes of public benefaction are discussed and the problems are gracefully and easily relegated to 'the Northwest'. Unquestionably, there are more acute problems in the remote fishing villages of Nova Scotia, in rural Quebec, certainly in Northern Ontario than there are on the Prairies, particularly since the Ford car has been taken so generally to the trails, and the telephone is an institution in the rural home.

"While people have been talking for years and years of the perils to Mothers on the Prairies, the Canadian Red Cross Society has been quietly working out a solution. During the last few years, in Alberta, Saskatchewan, Manitoba and Northern Ontario, Red Cross Outposts have been established in outlying and sparsely settled districts far from doctors and nurses and even railroads.

"A registered nurse is in charge of each of these little Outposts. The average number of beds is four, but many have more, some up to twelve beds.

"A Doctor is always called for a case of labor, but if he cannot get there, the nurse delivers the case. Up to the present, 1609 cases have been delivered in these outposts. In Saskatchewan, out of over 400 cases delivered, there has not been a single death. The Canadian Nurses' Association believes that the solution of the Maternal Care Problem in sparsely settled localities lies mostly in the Red Cross Outpost.

"Other matters have been considered.

"The following resolutions were unanimously adopted at the biennial meeting of the C.N.A. held in Hamilton in June:—

RESOLUTIONS

"During the recent Annual Meeting at Hamilton of the C.N.A. the following resolutions were passed:—

"1. Petition all provincial governments to give a yearly bonus to qualified medical practitioners to go into outlying districts which have no medical service.

"2. The Association approves of a plan of establishing small outposts in outlying districts similar to those originated by the Red Cross, with a Registered Nurse in charge.

"3. The Association recommends the extension of the Training and supervising of Nursing Housekeepers to assist Registered Nurses in outlying rural communities.

"4. Petition Provincial Governments to develop and maintain an efficient transportation service for outlying rural communities.

"5. Endorse and extend 'Home Nursing Classes for Women' in remote rural districts."

Full information regarding the practise of midwifery in those provinces where it is legal, viz., Quebec and Nova Scotia, is difficult to obtain. The following regulations obtain in the province of Quebec:—

1. Applicants must be able to produce the following:

(a) A certificate showing that they have attended fifty lectures given by a professor in one of the Universities to which a Maternity Hospital is affiliated.

(b) Proof of six months' service in residence in a Maternity Hospital.

(c) Proof of having assisted at twenty-four cases.

(d) Proof of good character.

(e) Proof of ability to read and write.

The fee for registering is $20.00.

In Nova Scotia the regulations are somewhat similar. No woman who is not a qualified registered midwife may practise midwifery within the City of Halifax. It is expressly stated that this regulation does not apply to the rest of the province. In the preamble the following sentence occurs: "Nothing in this chapter shall prevent any competent female from practising midwifery in this Province, except in the City of Halifax." The meaning of this phraseology is quite apparent, but it is not without a certain grim humour. Six women are listed as being registered midwives under the Act in the City of Halifax.

The final outcome of the discussion in the meeting of the National Council is interesting as indicating the sharp divergence of opinion which still existed at its close. Two resolutions were passed, one tacitly advocating the training and licensing of midwives; the other framed along the lines advocated by the Canadian Nurses' Association which has already been quoted. The immovable object has apparently encountered the irresistible force. Still one hopes for compromise. At least the National Council is to be commended for affording an opportunity of full and frank discussion of a matter of great importance to Canadian women.

Certain salient facts seem to emerge from the smoke of battle. It is apparent, for instance, that maternal care in Canada is not all that it ought to be either from a medical or a nursing standpoint. It is further apparent that there exists a definite need for graduate nurses with midwifery training capable of assuming responsibility in Red Cross Outposts and other isolated stations designed to give aid to mothers in isolated districts. Where are graduate nurses to obtain such training without leaving Canada? What legal complications will have to be adjusted before they can be permitted to practise? What will the attitude of the medical profession be toward them? These are difficult questions, but they are not incapable of solu-

(Continued on page 33.)

Nurse's Part in Cancer Control

CANCER, although known for thousands of years, presents many problems which are still unsolved. While other diseases which formerly preyed so ravenously on the human race, such as bubonic plague, smallpox, yellow fever, diphtheria, and typhoid fever, have been conquered by civilization, cancer stands today with its venomous head as erect as ever. Information does not exist which warrants procedures such as have been employed in combatting other diseases, but many lives can nevertheless be saved if the truth about cancer can be generally disseminated.

The American Society for the Control of Cancer is endeavoring to overcome the ignorance and prejudice which in the public mind have so long been associated with cancer and to a considerable extent contributing to the prevalence of this disease, and by disseminating correct knowledge prevent needless suffering and loss of life.

Nurses can give valuable help in the following ways:

1. By making themselves reliable sources of authentic information with respect to the prevention, recognition and cure of cancer.

2. By detecting early cases which would otherwise escape recognition until they had passed to an incurable stage.

3. By exerting an intelligent influence upon those who have cancer in its early and curable stages, and inducing them to seek immediate, competent treatment.

4. By exerting through their enlightened intelligence an influence against the operations of quacks and other incompetent persons who but add to the plight of cancer patients.

These are the principal ways in which nurses can assist, aside from their ministrations which do so much to ameliorate the suffering of cancer victims.

All nurses are already helping to some extent in the directions which are here proposed; but, in the press of their other duties, and with so few sources of accurate information available to them, many have hitherto been able to give but little attention to the prevention and cure of cancer. Too often, they look upon the disease as hopelessly incurable.

The information which nurses will need most is indicated in the following paragraphs.

Proper Treatment

To control cancer, two things are of principal importance:

First, people must learn to know the early symptoms; and,

Second, people must go at once to a competent physician when they think they recognize the symptoms, and do what he tells them is necessary. In most cases they will not have cancer, but now and then a case will be discovered which can be cured.

The forms of treatment which are recommended by the American Society for the Control of Cancer are surgery, and radiation by means of radium or X-rays. Sometimes a combination of these is employed.

There is no one treatment which is necessary and sufficient for all cases; each case requires to be treated with a full knowledge of the circumstances and conditions which are

peculiar to it. For there are many kinds of cancer, and the individual patients do not always react in the same way toward the cancer or toward the treatment which is employed in order to cure it.

Wrong Ideas Which People Have

Before putting right ideas into people's minds, it is often necessary to remove wrong ones. Following, are some wrong ideas which interfere with the control of cancer.

Many people have an unreasoning fear of what they call "the knife," and this prevents them from seeking the proper surgical treatment when they should have it. They do not know what scientific surgery is accomplishing every day. They do not realize the good that it does in great hospitals and throughout the country in the practice of innumerable physicians. They have no appreciation of the number of lives which it saves, the suffering which it alleviates, and the disabilities which it corrects.

The nurse can be of great assistance in overcoming groundless fears; there is so very much which she can explain from her own knowledge.

It is common for people to hold wrong ideas about radium and X-rays. They mistakenly suppose that some peculiar curative value lies in them because of their seemingly mysterious character.

The nurse can explain that radium and X-rays are really tools. They are much like other tools and can accomplish valuable results only in the hands of skilful persons. They are tools in the same sense that a surgeon's instruments are tools. They are of no value in themselves, but, in the hands of those who know how to use them, they can be made to accomplish valuable results.

No one should suppose that because a doctor possesses some radium he has great knowledge or skill in the cure of cancer. He may have it or he may not. Radium and X-rays may do harm if they are not employed with knowledge and experience.

One of the wrong ideas which people often have is that proprietary remedies are capable of producing remarkable cures in cancer cases. The fact is that many of the cures which have seemed to be accomplished by these things have had no relation to cancer at all. Generally, something which seemed to be cancer, but was not that disease, was treated. The patient might have recovered without any treatment.

Confidence should not be placed in so-called Indian cures, or the prescriptions of gypsies, or the professions of persons who say they have obtained their knowledge from very old women or men. Beware of secret cures for cancer.

Nurses are often consulted with respect to serums and special diets, and it sometimes seems to them that such treatments are beneficial. Unfortunately, the improvement is more apparent than real. The treatment may seem to exert a favorable influence for a time, but no serum or diet has thus far been found which is capable of curing cancer. In those instances in which improvement seems to occur, it is in the general health and not in the cancer itself. A cancer, if not properly dealt with in the beginning, almost invariably grows until it kills its victim.

Right Ideas Which People Should Have

Among the most useful things which are known about cancer is the fact that chronic irritation is frequently a contributing factor in its causation. To prevent cancer, therefore, is to prevent the irritations which lead to it.

The irritation may be produced in any one of a number of ways. There may be a constant rubbing of cloth-

ing upon a raised mole; dirt may become ground into some crease in the flesh where continual movement takes place; a broken tooth may wear upon some part of the mouth or cheek; a person may have the habit of knocking or rubbing some particular part of the body in the ordinary acts of every-day life; a man in shaving may repeatedly cut himself in some particular spot; irritation may be produced by bacterial infection—as, for example, where a focus of infection exists for a long period.

Some persons are more apt to have cancer than others and some are more inclined to have cancer in some particular place than anywhere else. Men are more apt than women to have cancer of the mouth; women are more likely than men to have cancer of the breast.

But eminent cancer specialists generally agree that cancer is not inherited, or contagious, or infectious, or otherwise transmissible among human beings, notwithstanding the fact that instances occur now and then which appear to prove the contrary.

People rarely have cancer under 30 years of age. Above 40 the incidence increases rapidly. On the whole, women have it more often than men. There is less cancer reported in the Southern States, and in southern countries generally, than elsewhere.

There is no test which is capable of showing whether a person is susceptible to cancer or not. There is no blood test which tells whether a person has cancer. Cancer is not a constitutional disease. It is not known to be due to errors in diet. There is no evidence to suggest that it is produced by worry, or smoke, or artificial light, or any condition peculiar to civilization.

Cancer is a phenomenon of growth. Some of the cells of which the body is composed set up an active, ungovernable, unrestrainable multiplication. Unlike the other cells of the body, they refuse to follow the regulating and limiting control which Nature imposes upon all normal and healthy forms of life. Why they do this is not known, although some of the things which sometimes lead them to do so have been discovered; as, for example, irritation.

Symptoms Which Nurses and Others Should Know

The following are some of the things which nurses should keep in mind in order to help in the control of cancer:

1. Any continual irritation, particularly in the mouth, such as may be caused by the use of tobacco, or by jagged teeth or poorly fitting plates, may lead to cancer.

2. A lump in the breast may or may not be cancer. In either event it is something abnormal and, being such, demands immediate investigation.

3. An unusual discharge. If a woman is forty years of age, or more, a periodic examination once a year by a thoroughly qualified physician is desirable. Particularly is this important if, after the menopause, a discharge again occurs.

4. A bloody discharge from the rectum or bladder should be regarded as possibly due to cancer.

5. Indigestion that cannot be satisfactorily explained may be cancer.

6. A sore on the face, or in the mouth, or anywhere on the skin that does not readily heal—that is, heal when kept clean, and this within two or three weeks—should be investigated by a competent physician.

7. A wart or mole which changes in size or appearance should arouse suspicion. The patient should be urged to go at once to a good doctor and ascertain the cause.

(From the American Society for the control of cancer.)

Transfusion in Haemorrhagic Disease of the New Born

By MARY R. SHAFFNER, R.N.

THE story of the unsuccessful attempt to save Pope Innocent's life in 1492, by bleeding three lads to death, illustrates that from earliest times blood has been recognized as vital to the human body. It was not, however, until four hundred years later that any real progress towards modern methods of transfusion were made. Harvey published his Discovery of the Circulation of the Blood, and from time to time attempts were made at transfusing. Sometimes the results were startling and then it seemed as if transfusion would be the cure-all for every malady of youth and old age. Then again, there would be fearful disappointments. The methods were numerous and crude and only 50% successful; and at one time transfusions were even prohibited by law in France.

The year 1818 marks the real beginning of blood transfusion. Later, with the work of Carrel on Blood Vessel Surgery, then Murphy, Crile and others, the technique of direct transfusion was placed on a firmer basis than ever before. Still the fatalities from reactions were great. Then came the realization of the incompatibility of the transfused blood. As a result, about 1906, Moss, Jansky and others classified human blood into four groups according to their agglutinating reactions. After the beginning of the twentieth century, transfusion received a fresh impetus. Improvement in methods and notable contributions were made, and it has steadily gained in perfection up to the present time.

However, there is always something new, and there was yet another epoch in the history of clinically applied transfusion. In 1908 a babe was successfully transfused for Haemorrhage of the New Born, while previously almost all patients with this condition had died.

So, as blood is vital to the human body, and as the new born babe has so little to lose, within the last few years the introduction of adult blood is recognized as specific in the treatment of Haemorrhagic Disease of the New Born.

True Haemorrhagic Disease of the New Born is a spontaneous bleeding of unknown origin. We know, however, that the bleeding is controlled with the introduction of whole adult blood, and also that the normal bleeding and coagulation time is established, as nearly always one transfusion is sufficient. The normal coagulation time is five to ten minutes in the new born infant, but in Haemorrhagic Disease the time may be extended from twenty to ninety minutes. Evidently, the blood must lack elements necessary to coagulate and the adult blood introduced must furnish these elements (prothrombin), or stimulate the production of them.

Haemorrhages, at this early period of life, are not exactly common, but are more frequent than in childhood. The parents are usually healthy people and the babe normally delivered with no evidence of traumatic birth injuries. Also, the condition is quite distinct from haemophilia, as the bleeding does not persist after transfusion.

The symptoms manifest themselves from the first to the fourth day of life. The haemorrhage may be limited to one organ or part or be very general. Blood may ooze from the umbilicus or skin, mucous membranes of the mouth or nose, or may be vomited or passed in the stools. Most of the cases we transfuse here for this condition are those bleeding from the gastro-intestinal tract.

The baby exhibits the usual symp-

toms of haemorrhage and shock and appears very exsanguinated compared to the usual "rosy" new born. Early diagnosis and immediate transfusion are essential.

The procedure of transfusing a wee baby is precisely the same as that employed in an older child.

All our donors are "grouped." No transfusion is done without the donor and the recipient both being grouped—and a card stating the groups of both is signed in the laboratory and accompanies the donor to the operating room.

Blood groups are not inherited, but are established and do not change. Neither do we use a group blood as the so-called universal donor.

The blood is removed from the median bacilic vein of the donor's left arm, and injected into the internal saphenous in the baby's ankle. This site was selected by the late Dr. Bruce Robertson, who did a great deal of work in this field of surgery. Even in infants, the lumen is quite wide and the walls fairly thick. We also use Dr. Robertson's rule for the amount of blood to be given, which is fifteen c.c.'s per pound of body weight (an infant weighing six pounds would receive ninety c.c.'s of blood), giving, of course, more or less according to the case and condition. Out of a series of forty cases transfused by Dr. Bruce Robertson only four were lost, due to associated conditions.

And so, when a distracted young father and a much perturbed grandmother rush a very small and very white bundle to the hospital, we can assure them almost to a certainty, that after a transfusion the baby will "be doing nicely."

Notes on Finland

(Continued from page 8.)

sacrificing their demand for a certain degree of comfort, or those who long to visit unknown regions which are not yet represented in every collection of picture postcards.

Finland combines many of the advantages of more frequented countries with the charms of the unknown. Steamboats and railways convey the traveller to all parts, but yet these modern means of communication go for mile after mile through uninhabited forest districts or over vast lakes. In the wondrous beauty of the northern summer, when the nights are light with an opalescent sky, and the sun only sinks for a short time below the horizon while all things stand shadowless and seem themselves to radiate light, this unique scenery has a peculiar fascination, and no lover of nature will repent a journey to this "distant" land.

Routes to Finland

There are a number of different routes to Finland. The most direct way from England is by the Finland Line steamers, which leave Hull every week for Helsingfors, in Finnish "Helsinki," or Abo, in Finnish "Turku," via the Kiel Canal. These steamers are absolutely first-class and constructed in accordance with the most modern ideas for passengers' comfort; and the cooking is excellent.

There are also first-class steamers from Stockholm on five days in the week, from Copenhagen once, from Stettin twice, and from Lubeck once. The length of the various sea passages is as follows: Hull—Helsingfors, nearly four days; Stockholm—Helsingfors, calling at Hango (in Finnish "Hanko") twice a week, 24 hours; Stockholm—Abo, four times a week, 14 hours in summer, a little longer in winter; Stettin—Helsingfors, 48 hours; Lubeck—Helsingfors, 56 hours; Copenhagen—Helsingfors, 44 hours.

School Work in the Hospital for Sick Children, Toronto

By FLORENCE A. CHAMBERLAIN, Instructor

PROBABLY few, outside the Hospital, know of the work conducted among the patients, under the Board of Education; in spite of the fact that it has been carried on for many years with ever-increasing interest on the part of those connected with it. The work was first undertaken by the nurses, but this plan proved inadequate as they had neither the time nor training needed. The Board of Education then appointed a regular teacher who was able to carry on much more satisfactorily. A summer course for teachers of auxiliary classes has been conducted at the University of Toronto under the Ontario Government, which includes lectures in psychology and psychiatry, besides lectures and practical work in manual arts. The development of particular courses suitable for special classes, such as sight-saving, deaf and dumb, defective speech, mentally defective, and physically disabled, are studied. At present two teachers, both graduates of this course, are in charge of the school in the Hospital, consequently the children with better instruction and twice the attention are making corresponding progress.

There are two objects in view here. The most important of these is to teach the patient so that when recovered he may return to his own school as little behind his class as possible. The need for this is apparent when one considers that the time spent in the Hospital by some of these little patients extends to three or even four years. In addition, an effort is made to enable the patients to pass the hours pleasantly and profitably.

To fulfil these objects, all the regular academic studies are carried on as soon as the patient is well enough. From necessity, a large part of the instruction is bedside, and one cannot but admire the adaptability the children show in holding the books and writing their lessons, even when lying on their backs. As a rule, the children enjoy this work very much and are anxious to make headway, but here as everywhere else, human nature asserts itself, and one meets the small boy who feels his presence in the Hospital should be excuse enough for a holiday from school.

Then besides this, a great deal of time is spent in craft work. The children are taught knitting, crocheting, sewing, embroidering, weaving, book-binding, paper-cutting and folding, wood-cutting and basketry. Here the children get a great deal of pleasure as they realize their usefulness.

The craft work is very practical. In one case the boys made a wooden bed, enamelled it white, and handed it over to the girls who fitted it out with a complete set of bedclothes. At Christmas time, every child sends out one or more articles of his or her own making. These may be attractive wooden toys, whisk holders, keyboards, carved boxes, bags, aprons, woven scarves and tams, house shoes, loose-leaf books, desk pads, games, or other articles too numerous to mention. The Board of Education is very generous with supplies for all this work, but the parents and friends of the children contribute to make certain work possible.

It has been frequently suggested that an exhibit of the work be held. This has never been done because it would mean the holding of articles which the children wish to see in use, and also because it is not always possible. The only time an exhibition was attempted, one child developed scarlet fever, and the exhibition was reduced to the "quarantine" placard.

Department of Private Duty Nursing

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A Few Thoughts on Private Nursing

By CATHERINE DE NULLY FRASER, Reg.N.

Although I feel there are others more capable of dealing with this subject than myself, I can claim some experience, having "specialed" 140 to 150 patients, many of them in their own homes, where hospital conveniences are lacking. I know something about a broken night's sleep after a hard day's work, especially on the cold winter nights when your rest is disturbed during the hours the furnace is giving out no heat and you shiver as you lie down once more and try to warm up again, with perhaps just a coat spread over you, and your bed is anything from a couch to the top of a wooden trunk—anything so long as it is sufficiently near your patient's room to enable you to be within call.

I also know something about those long lonely hours in the dead of night or in the cold grey dawn, when the patient hovers between life and death; when, if you dare lie down at all, your ears are kept strained to catch each breath for fear the spirit takes its flight without your knowledge, or before you can call the family to bid their last farewell. Or perhaps it is a case of delirium and as you listen to the incoherent muttering and see the wide-open staring eyes gazing up at the ceiling, you wonder, as your nerves give a little involuntary twitch, if the patient will suddenly take it into his head to get out of bed; and whether you will be able to manage him alone or to get assistance in time.

How friendly the morning light is after nights like these! How you long to "bake" in some hot sunshine to make you forget the gloom of those dark hours! But every cloud has its silver lining. I have just touched on the "seamy" side of nursing so far. Let us look at the bright side now. The joy and satisfaction you can feel when your patient safely passes the crisis; or after delirium and wakefulness falls into a peaceful and natural sleep, and you know your treatment has been responded to and your efforts have had the desired result! How happy the household becomes and how worthwhile nursing seems!

Nurses sometimes feel that they are imposed upon, or are expected to do what lies outside their province when nursing in patients' homes. Well, this is not my experience, although I have done all sorts of odd jobs while following my profession. I believe a nurse, to be fully efficient, should be able to supervise all household arrangements when necessary while nursing her patient. No hard and fast rules and regulations can be laid down as to the duties of a private nurse. She is more or less free to make her own arrangements with the family and to use her own initiative in a way she cannot do

in institutional work. But a nurse who is adaptable in all circumstances, and who remembers that giving mental rest to her patient's mind is the first thing necessary to help towards quiet sleep, and rest to the body, has grasped the real essential in private nursing.

Whatever will help your patient in any way physically or mentally—should be your business: either to do yourself or to see that it is done; whether to feed the children, start the furnace, wash the linen, or cook a tempting meal. Remember, the patient is the one benefitted indirectly, and you nearly always gain the gratitude and confidence of the family, who try to make things easier for you and show you what consideration their circumstances permit. At times I have had my feelings more ruffled by over-officious help than by too little.

On one maternity case, for instance, the maid, who thought the proper thing was to "stuff" nursing mothers with liquids at all hours of the day, would slip in with food to my patient when I was out of the room; and perhaps not just what I had planned to give, or not as daintily prepared as I could have wished. But my patient begged me not to say anything, as it was well-meant and she did not want the girl's feelings hurt.

Then there are occasions when you get offers of help which you do not feel like accepting. For instance, you may be worried that your patient's condition is not so good. You feel that your efforts must be doubled, and more careful watch given to all symptoms, when some member of the family says, "You look tired, nurse; go out and have a good time. I can easily look after the patient and do my other work as well. He won't want much anyway, will he?" And you reply, "Thank you, but today I think I will not go out as usual, but I may lie down for a little, where I can be within call."

In England, since the war, some of the private nurses are objecting to being called plain "Nurse" and wish to retain the title of "Sister" which they were given during the war. Dealing with this subject, a leader in the "Nursing Mirror" says as follows: "Do those whose office is chiefly 'to nurse' consider that to be so addressed is derogatory to their dignity? Organized nursing of the sick apparently had its origin in the fourth century of the Christian era, and the pioneer of what has been called the 'great sisterhood of nurses' was Fabiola, a Roman patrician lady, who in A.D. 380 founded a hospital in Rome, and helped by the Empress Flacilla, devoted herself and her fortune to the work of caring for the sick poor. The great London hospitals — St. Bartholomew's and St. Thomas'—were founded in the Middle Ages and were connected with religious bodies thus introducing the term 'Sister' into hospital life. Though now generally shorn of any religious significance, it still continues to be prized by its holders as imposing upon them a special dignity and priority of office—but let those of the great sisterhood of nurses whose mission it is to tend the sick—rich or poor—in their own homes, be content with the gentler, far older, and quite as honourable title 'Nurse,' meaning 'one who cherishes'."

[Editor's Note:—We regret that the conclusion of Dr. Wagner's article, "Immunity and Immuno-Theraphy," has not been received for publication in this number of the magazine.]

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

A Few Remarks About Affiliation

By ELSIE ROBERTSON, Reg.N.
Superintendent of Nurses, Municipal Hospitals, Winnipeg

PERHAPS in the present day among nursing educators, the word "affiliation" is used more than any other word in the nursing language. We speak of it when associating one school of nursing with another for the purpose of completing the education of the student nurse.

Few nurses need to be informed as to why a demand has been made for such affiliation, but it may be well to review them briefly:

First: There are a great many hospitals whose capacity ranges between 10 and 20 beds. The patients in all of these hospitals must be nursed, and the student nurse has been found the most satisfactory person for that service.

Second: The nursing education of these schools varies as greatly as the number of hospitals from which the students graduate. Every graduate has contributed towards the steady increase in the numbers of her profession, and no matter where her service is required she must now, more than ever, be prepared to meet its varying demands, whether they be of an industrial, social service, school, public health or hospital nature. She has to deal with an enlightened public demanding one hundred per cent. nursing service and efficiency—hence the need for affiliation to equip her fully for any and all calls upon her knowledge of nursing in its every phase.

To summarize:—*First*: Many hospitals of limited bed capacity and types of service, which otherwise serve the public well, are not equipped to prepare the student to meet fully the requirements of nursing after graduation.

Second: But these hospitals must have a nursing body.

Third: The increasing demand for nurses who have had a liberal and varied education in the different types of nursing service tends to draw the prospective student to those schools which provide such an education. The women at the head of these small schools fully realize, and have long recognized, the need for affiliation for their students in other branches of nursing service, but wonder how they are to meet this obligation to the student. No doubt one of the reasons is an economic one from the viewpoint of the hospital management and perhaps the Superintendent herself, with the question facing her—How are we to do the nursing of this hospital if we send our students away for a period of from three to twelve months during their three years of training? However, as Superintendent of Nurses, and believing in affiliation, her first duty is to try and educate her Board to this need by increasing the number of students, evading any tendency on their part to reduce the care of the patient under her charge by not granting this increase.

As head of the training school, her duty lies in the education of her students, and having undertaken this responsibility she therefore must not permit herself to economize where this factor is concerned.

The Superintendent who believes in giving a sound fundamental nursing education to her students in medical, surgical, and obstetric nursing; who realizes the need of other branches, such as pediatrics, social service and communicable diseases; and in whose hospital a large majority of the patients require obstetrical and surgical

nursing care, will round up an affiliation for these special branches. In approaching her Board, what reason does she give for this desire on her part?

First: She points out the responsibility the hospital has assumed in accepting young women to educate as nurses and, as business men, they ought to realize the need of keeping to an agreement, and assisting her in obtaining the best education possible for them. Otherwise, the hospital should not assume the name of a training school for nurses.

Second: The Superintendent having taken these responsibilities will point out the need of further education, not only for the particular needs of her own hospital, but for the benefit of the community as a whole—a responsibility which cannot be disregarded, as it helps to increase the number and grade of students for their school and therefore is a valuable asset to the hospital. Undoubtedly, if the matter is clearly and earnestly presented to the members of the Board they will realize that, if the student is a sound thinking woman, she will look for a high standard of education from her school.

Third: The fact that the Provincial Board of Examiners for Registration of Nurses demands certain standards for registration of graduates would seem a final point to be presented. For this reason the cooperation of the Board will be wholehearted in seeking affiliation for the student, because they believe it to be right, and not from any other motive.

The Superintendent having secured affiliation will no doubt be confronted with this question—How am I to get the necessary instruction for the students covered with one or more members of the class away for affiliated work and at a distance which prevents the students returning to the home school? This could be overcome by carrying out instruction in the first and second years before the affiliated work begins, leaving the last year for special course work and thus avoiding any interruption during the period these special courses are being given. If the affiliated hospital is doing her justice in this respect by giving her theory and practical work, there will be no lost ground. Her time will be fully occupied, and there will be less tendency to divide her interest, and lessen her concentration on the work in hand by having a superficial knowledge of the many subjects that she is trying to cover.

In seeking affiliation, the Superintendent will ascertain whether there is a qualified nurse instructress and that her student will receive instruction both in theory and practical work. This will mean that the affiliating school will be required to repeat that particular instruction to each group admitted.

It will be necessary to have some form of agreement on the following points between her hospital and the one giving affiliation, such as:—

(a) Length of period of affiliation.

(b) Number of students sent at one time—regular or irregular periods.

(c) By whom the transportation to and from the affiliating school and the allowance, if any, shall be paid.

(d) Loss of time made up—where, and if at all.

(e) Method of dealing with problems of discipline, if any.

(f) Notice agreed upon for withdrawal of affiliation.

A record of students' work covering theory and practice should, in all instances, be sent in advance. This would inform the affiliating school what to expect of the student. It takes some time for the student to adjust herself to new surroundings as the type of work is entirely different to what she has been accustomed to. This would apply particularly to a special course in communicable diseases where medical asepsis is practised—one often hears the student say, "I feel like a probationer again."

A report on work and examination should be sent to the parent school on completion of course.

I think that where the affiliation is of two or three months' duration, the financial responsibility should be borne by the parent school, as additional supervision is necessary in the affiliated school when frequent changes in the personnel of the nursing staff are taking place, and where both theoretical and practical instruction are necessary for this new and particular type of disease which the student is about to handle for the first time.

It would also be advisable, where the testing and immunizing can be done some weeks in advance, for the student taking a communicable disease course, that the systematic use of toxin-antitoxin should be resorted to in the case of all who give a positive Schick reaction, as this immunity often requires several weeks to develop. Students should also have had a recent active vaccination against smallpox.

At present the Winnipeg Municipal Hospitals are giving affiliation to fifteen training schools, namely:—Manitoba, 9; Ontario, 2; Saskatchewan, 4.

No doubt a great many of you have discussed this subject before, but if a repetition of it will help to accomplish anything in securing affiliation for those who have not yet obtained it, I shall be glad for the students' sake, as it will mean everything to them in after life; it represents the difference between a good degree and one that is only fair or maybe poor.

(Read at the C.A.N.E. Convention, June, 1924, Hamilton, Ontario.)

The Nobility of Death

"To many of us the contemplation of death, even at the end of a hundred years, is always sad; but this is the narrow subjective emotionalism of the individual reacting against past loss of companionship and presumptive unknown changes. Science has given the world a conception of death full of nobility and beauty. Death was the price exacted in return for the gift of body and of mind; for power to think and will to do; for joy and sorrow and hope and desire; for consciousness instead of mere existence. Death came that life might be worth living. The little one-celled animalculae one may pick up by the thousands in a pailful of pond water do not die. They grow and divide, grow and divide, and so on and on forever, if they find food and warmth and moisture. Even the individual cells of our own bodies are potentially immortal. From the experiments of Loeb, of Harrison and of Carrel one can draw no other conclusion. The various tissues of the body can be kept growing in artificial cultures, month after month, year after year. But what a life—cell division in a glass jar!

"Life, therefore, is inherently continuous, and death the price of differentiation. Death is an attribute only of a complex body as a whole; because in this complex body the organs have come to be dependent on each other. Natural death occurs normally and necessarily, only in a body composed of many cells; and then, only when that body has lost the power, functionally or mechanically, of regenerating itself from any part. Death approaches threateningly any time there is a breakdown of an essential organic system, and descends speedily if repair is not quickly made; it comes at last inexorably, simply because the business of living finally slows down and clogs the machine with poisonous waste produced by its own activity.

"One would rather be a man, the poorest and most abject sort of a man, than an amoeba. We have accepted inevitable death in return for increased freedom of life."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Making the Country Safe for Children

TALIAFERRO CLARK, Surgeon, United States Health Service

IN the early days of my professional career, I was called to a home of tragedy where the only child, a small boy, lay dead, accidentally shot and instantly killed by a little companion while playing with a rifle. Scattered about his room was the usual paraphernalia of a boy's play and study—the school books on a table, a pair of roller skates on the floor, a set of small boxing gloves on the couch, mute evidences of a boy's love and laughter which never more would gladden the hearts of his parents. Standing in a corner of the room was the small rifle, the deadly toy which was responsible for this child's death. Well do I recall the horrified though chastened comments of sympathetic friends and neighbors on the fabuous fondness of these indulgent parents that permitted them to give to their child so deadly a plaything. Happily, accidents such as this one are few and far between in a single community. Yet, not even faintly did these friends and neighbors realize that tragedies of equal seriousness are of frequent occurrence, and that each day some child, killed, from causes as easily controlled, lay in some home of their city, for in this city at that time, the deaths of infants under one year of age alone, comprised practically one fourth of all the reported deaths from all causes.

A great deal of water has passed under the bridge since that day. The infant mortality rate for this city is now almost 50 per cent. lower than then. This has been brought about by much study, the gradual unfolding of greater knowledge of public health problems, improvement in the domestic and civic environment, the adoption of better health administrative methods, the persistent application of the principles of hygienic living and the instruction of parents who continue in need of health instruction now as then.

Here, today, we are not so much concerned with the health problems of the children residing in cities as we are of those living in remote places. The city child is subjected to many health hazards that are not so frequently met with in rural districts, but the facilities for preventive work and medical and surgical relief are much greater. Therefore, one of the great problems, and one not easy of solution, confronting those of us specializing in child health work, is how best to safeguard the lives and promote the health of mothers and children who live in rural districts with limited and, very frequently, no medical, nursing or social service.

Until within the last few years, and even now in a great number of places, rural parents have had to depend on healthy environment and the mother's care and love for the successful rearing of children. Mother love and mother care for ages were almost the only forces that saved the child, and, by saving the child, preserved the race. Yet, experiences show plainly that, as in days gone by, and to an even greater degree in the present, because of the manifold complexities of the twentieth century civilization, all the love and all the devotion in the world cannot save many who would be saved by scientific measures.

"Old wives' wisdom" handed down from generation to generation is unbelievably faulty, even if at times better than no wisdom at all. It is mostly local, represents only the experience of small communities, is

incomplete and in many ways contradictory. Its very basis, like that of the medical practice of by-gone days, is wrong, for it considers the child as a small adult instead of an undeveloped adult in need of special treatment to carry him through the stages of development. As a result, trifling ills, many of them easily remediable, are untreated and even unnoticed, which later brings great and inevitable disaster on the helpless infant, or if he survives, on the adult. Mother's love, no matter how anxious, cannot always discover why the child does not thrive, but by its insistence and with the help of thoughtful men and women such as represent the Canadian Council on Child Welfare here today, finally compelled the laying of the foundation for the present system of child health supervision, the foremost problem confronting the public health administration bodies the world over, because on it depends the very fibre of the nations that are to be.

An Ideal Programme

Most of us will agree that an ideal system of child health supervision should at least take cognizance of medical, nursing and social service measures:

(1) Safeguarding the health of expectant mothers;

(2) Improving the character of obstetrical and nursing care and lying-in facilities during child-birth;

(3) Securing accurate registration of all births and deaths;

(4) Controlling conditions harmful to the health of infants;

(5) Supervising the health of the child, and the sanitation of his immediate environment during the preschool and school age;

(6) Safeguarding the health of children in industry; and

(7) Securing special care and training for children physically or mentally handicapped.

Such a programme is impossible of execution in its entirety in any but the most favored community, and the suggestion of it would probably reduce the average rural community to hopeless, paralyzed inertia. Therefore, let us pause and consider well what may be done for our rural areas, many of them sparsely settled.

Central Assistance and Supervision

The number of rural districts able to organize and properly carry on child health supervision is relatively small. The need is apparent to all that supervision and assistance in some form must be furnished by a central administrative body. With us in the United States, such supervision is maintained to a greater or less degree by the several State Boards and Departments of Health. A number of our more progressive official State health agencies are taking advantage of the increased funds accruing under the provisions of the Federal Welfare and Hygiene of Maternity and Infancy Law to reorganize their respective bureaus or divisions of child hygiene and secure personnel of highest training and efficiency for the purpose of advising and assisting the local health agencies in organizing child health work.

The extent of the assistance that may be supplied by a central authority must necessarily depend on the amount of funds available, both to the State and locally. The character of the assistance must largely be governed by local needs.

An ideal minimum central administrative organization and budget should provide, in addition to a director with the necessary clerical force, for office and field equipment—a director of school hygiene, a pediatrist, a supervising public health nurse, a director of public health information and instruction, education material and transportation.

Owing to the regrettable disinclination so generally manifested by appropriating bodies to provide funds adequate to the health needs of a state or community, comparatively few of our states were able, prior to the passage of the federal maternity and infancy law, to organize child hygiene bureaus on even this simple scale. For this reason, the organization outlined must of necessity be subject to such modi-

fication as will best meet the special requirements and satisfy the special needs of individual states.

Routine local public health work, when supplemented by the advice and assistance furnished by a well organized central authority, will achieve greater results in protecting the lives and promoting the health of mothers and children than can possibly be accomplished by either authority operating alone.

The central agency must always be in a position to respond not only to calls for help from local health agencies, but also from interested non-official individuals and groups in communities that have no form of health supervision by either local health board or public health nurse. It is highly important to respond to such calls, and thus keep alive the spark of interest in child health work until the time when it may be feasible to organize locally on a permanent basis. There are many ways of maintaining interest, such as organizing women for weighing and measuring school children, bringing about improvement in birth registration and like activities that may be carried on for educational effect without immediate supervision.

On final analysis, success in child health work depends on the ability of the local agencies, whether official or volunteer, to function with thoroughness. It should be the duty of the central administrative body to establish policies, carry on research, standardize methods of procedure, maintain supervision, make surveys and furnish advice and assistance in planning and organizing local work. It should be the duty of the local organization of representatives to carry out the policies and apply the principles and procedure established by the central body, with such modification as may be found necessary to meet the local conditions. In other words, the central body is a factory that builds the engine, the local body is the driver who turns on the steam, maintains the engine in good working order, and on whose endurance, knowledge and skill, satisfactory results will largely depend.

Local Board of Health

Child hygiene by beginning one generation ahead of disease, by treating the causes of bad health rather than the effects, offers the most certain way of assuring a healthy adult generation. Child hygiene, therefore, is a great entering wedge for the entire public health programme, and as a means of assuring a generation free from disease, occupies a peculiar position in the public health field.

(To be continued.)

Notes on Current Literature of Interest to Public Health Nurses

Child Welfare

No. 128—Illegitimacy as a Child Welfare Problem.

No. 5—Child Health Programme for Parent-Teachers' Associations and Women's Clubs. (Dept. of the Interior, Bureau of Education, Washington, D.C.)

Nutrition

No. 842—Indices of Nutrition.

No. 15, Vol. 39—Some Tendencies Indicated by the New Life Tables. (Surgeon-General, U.S. Public Health Service, Washington, D.C.)

Health and Nutrition Chart, with explanatory notes, useful for teaching purposes. (The Philadelphia Child Health Society, 1506 Locust Street, Philadelphia.)

Mental Hygiene

Mental Hygiene and the Public Health Nurse: V. M. MacDonald. (J. B. Lippincott.)

Mental Health Primer. (National Hygiene Committee for Mental Hygiene, 370 7th Avenue, New York—25c.)

Public Health Nursing

Rural School Nursing. (American Red Cross, National Headquarters, Washington, D.C.—35c.)

The Organization of Public Health Nursing: Brainard.

Evolution of Public Health Nursing: Brainard.

Sanitation for Public Health Nurses: Hill.

Public Health Nursing: Gardner.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

Student Government

The discussion in Ontario at present regarding Government Control in the Temperence question has suggested to me my subject, "Student Government Control".

Early this year our Superintendent called a meeting with each class and brought to their attention the necessity for, and advantages of organization in a school for nurses, especially in a large school. A committee was formed to consider the matter and Miss Percy, president of the Student Government Control, Toronto General Hospital, was invited to come and confer with us on Student Government. Later, a Constitution and By-laws were prepared and submitted to the entire school for approval, or amendment if necessary. A General Election followed. Each class organized into a body and appointed their representatives to the Student Government Council.

Organization: The Council consists of Hon. President (Superintendent of Nurses) President, Vice President, Secretary Treasurer, House Committee, comprised of a representative from each class including the Preliminary class, and a Committee of Appeal, made up of the Superintendent of Nurses and Instructress of Nurses. In the case of all findings and decisions by the Council, appeal is made to this Committee, who then confers with the Council. Final judgment rests in the hands of the Committee of Appeal.

It is the aim of the Student Government Association to guide and conduct affairs of the students in their residence life, and to encourage and promote the basic principles of good community living.

Advantages: We have already found since this Association came into effect that there is better understanding and closer fellowship between our Superintendent of Nurses and the student body. We have better discipline and more home privileges: development of initiative, development of self-confidence and the discovery of heretofore unnoticed or neglected talents.

Then, too, we have proven that the bringing of organized recreation into the home life brings nurses into better relationship with one another. We find that the nurses enjoy entertaining their friends occasionally in preference to always being entertained.

Recreation: Pleasant exercise is good for all ills. This summer we had a new clay tennis court and hope to arrange for swimming and physical culture during the winter months. We have had picnics and corn roasts in season, and can highly recommend them for chasing away "that tired feeling". Dances at special holiday seasons, are always much enjoyed.

Education: Since Student Government has been introduced in our school, we have had addresses on current topics and events, outside the hospital field. These help to broaden our knowledge and keep us out of that dreaded groove. Our mass meetings and council meetings have given us the study of parlimentary procedure. We are editing a monthly paper known as "The Tattler".

Philanthropy: We believe that to get the most out of life, we must think of and do for others, instead of always seeking things for our own edification and enjoyment. There is a tendency for nurses to feel sorry for themselves. The remedy for this —get busy and do something for

others. We plan this year to give a Christmas dinner and party to our employees and their families.

Religion: Last, but by no means least, we hope to develop The Student Christian Movement. We find that morning hymn and prayer give each day the right start. Sunday evening service brings us into very close fellowship.

Our hopes for the future are to attempt to establish a lasting spirit of good will, to be handed down from year to year, and to develop our activities to the utmost, keeping the interests and ideals of our school in the foreground.

To schools for Nurses contemplating the organizing of Student Government, we wish to say that in spite of many of the nurses being much against Student Government at the time of its adoption it has proven a great success, and shows signs of being even more successful this year, than during the first year of its life.

EDNA G. CLARKE,
Secretary-Treasurer,
Student Government Association,
Brantford General Hospital School for Nurses, Brantford, Ont.

Information re Transportation to Helsingfors

The Canadian Pacific maintains several services to Europe by the St. Lawrence route. The Empress express service from Quebec to Cherbourg, Southampton and Hamburg; the Monoclass Cabin service from Montreal and Quebec to Liverpool, Glasgow, Belfast, Southampton, Cherbourg and Antwerp.

Frequent sailings are provided by the Canadian Pacific, as one will perceive by the sailing dates given below.

June 27th—"Marburn," Belfast and Glasgow.
June 30th—"Empress of France," Cherbourg and Southampton.
July 1st — "Minnedosa," Cherbourg, Southampton, Antwerp.
July 2nd—"Montlaurier," Belfast and Glasgow.
July 2nd—"Marloch," Glasgow.
July 3rd—"Montclare," Liverpool.
July 8th—"Empress of Scotland," Cherbourg, Southampton, Antwerp.
July 9th—"Montreal," Belfast, Glasgow.
July 10th—"Montrose," Liverpool.

These steamers are due to arrive in the Old Country in time to connect with steamer across the North Sea. The steamer fares to Helsingfors will be in the neighborhood of $165.00, while the Company will in all probability have on sale low summer fares to the Atlantic seaboard to take care of the rail portion.

The S.S. "Montclare," sailing July 3rd, is due Liverpool, July 10th. The minimum rate by one-class cabin steamships, such as the "Montclare" and "Montrose," from Montreal through to Helsingfors, is $175.00, plus $5.00 war tax. This rate covers third class rail in England and cabin on North Sea steamers, *also board and lodging in England while awaiting connection.* This includes the increased rate of $15, which went into effect on December 15th, 1924, in Canada.

The S.S. "Empress of Scotland." 25,000 tons, the largest steamship sailing from Canada, leaves Quebec, July 8th, for Hamburg. This sailing would permit passengers to enjoy the comfort and convenience of a large ocean liner, except for the comparatively short journey from Hamburg to Helsingfors. The "Empress of Scotland" carries three classes of passengers and the minimum second class rate from Montreal or Quebec to Hamburg is $145.00, plus $5.00 war tax.

Bennett's Travel Bureau could make arrangements for any party from Hamburg to Helsingfors. Bennett's Travel Bureau is the representative of the C.P.R. at Copenhagen and is expert in handling Scandinavain business.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
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Who Should Pay?

By NURSING SISTER A. B. BAIRD

With the ever recurrent question in medical circles of abuse of free medical service, came the desire for accurate information concerning those who are applying in hospital dispensaries and other community health organizations for that service, and to which medical men give their time without remuneration.

In September, 1924, a survey of the situation in Winnipeg, under a committee of the Winnipeg Medical Society, was commenced.

The starting point was the hospital dispensary, or out-patient department, treating only ambulatory patients. The question immediately arose as to who should be entitled to free medical care and what standard of wages or salary should be the maximum above which a family should be considered able to pay at private rates for treatment required.

The modern dispensary offers a wide range of medical services: from care for minor general diseases to highly specialized work in opthalmology, orthopedics, X-ray, etc. This very fact of varying length and cost of treatment showed the impossibility of adhering strictly to a wage limit. A large proportion of patients come for special treatment which is particularly expensive at private rates. The cost of the equivalent medical service, received privately, cannot therefore be estimated merely on the basis of the cost per visit to a general practitioner. It is the general opinion among students of wage earner's budgets that even small families in urban centres living on $1,000 a year should not be expected to pay for more medical service than that necessary to childbirth and acute illness in the home. For the unmarried wage earner, living in the same community, the reason for accepting should be carefully considered when the income exceeds $600 per annum. An income above these limits merely raises a question of eligibility and does not necessarily exclude, as each case must be finally decided on its own merits. Evidence of the social groups from which dispensary patients are drawn is furnished under the Social Insurance Commissions of California in 1916 and Massachusetts in 1917, for those two states.

Incomes under $14 a week—San Francisco, 42.5%; Boston, 37.1%.

Incomes $14-$20 a week—San Francisco, 22.5%; Boston, 45.7%.

Incomes over $20 a week—San Francisco, 14.5%; Boston, 14.2%.

Unspecified—San Francisco, 20.5%; Boston, 3%.

Dependent on charity—San Francisco, 7%; Boston, 3%.

It may be seen that the great bulk of dispensary patients in those states are wage-earning families of incomes sufficient to meet ordinary expenses, but not to provide for adequate medical service.

General wage statistics show that not more than one wage earner in ten has an annual income of over

$1,000, so it is obvious that a large proportion of families cannot afford to pay for complete medical care.

The policy governing the acceptance of patients must vary also with the type of dispensary.

(1) Those whose purpose is to help the sick poor by medicine and medical advice.

(2) Those whose purpose is for clinical teaching, developed as part of a medical school or under its control.

(3) Those established through the progress of the public health movement for treatment and prevention of special diseases, such as tuberculosis, venereal diseases, etc.

(4) Those organized for co-operative practice of medicine on a scientific but business basis, such as the Mayo clinic.

News Notes

Harriet T. Meiklejohn, R.R.C., who has been Director of Public Health Nurses in New Brunswick for the past three years, has resigned, as she finds it necessary to be near her family. Miss Meiklejohn has been a pioneer in Public Health work in New Brunswick and has accomplished splendid things in such a short time. She has inaugurated a new branch of Public Health work with wonderful success, leaving five nurses in the field and four permanent nurses in rural centres, as well as establishing the Health Centre in St. John, which speaks for itself. It is with the deepest regret that the Department of Health and the Red Cross Society of New Brunswick part with such an efficient worker.

In January she will take up her new duties as Superintendent of the Hospital and Nurses at the General and Marine Hospital, St. Catharines, Ontario.

Annie Bailey, R.R.C., who has been engaged in institutional work in New York City since leaving the army, has been appointed Superintendent of Nurses at the Kingston General Hospital.

Nursing Sister Mabel Bonter and Nursing Sister (Billie) Wilson are assisting Miss Bailey at the Kingston General Hospital.

Brandon

At the recent unveiling of the "Cross of Sacrifice," erected by the G.W.V.A. in the soldiers' plot of the cemetery here, Mrs. Pierce placed a wreath on behalf of the Brandon Association of Graduate Nurses.

The Returned Sisters' Club attended in full service uniform and on their behalf Mrs. Darrach had the honor of placing the first floral tribute after the unveiling. Mrs. Darrach was formerly Nursing Sister S. Persis Johnson.

Winnipeg

Mrs. A. D. McLeod, President of the Nursing Sisters' Club, and a member of the staff at Deer Lodge Convalescent Hospital, recently returned from a vacation spent at Kamloops.

The Nursing Sisters' Club wishes to extend sympathy to Mrs. Walter Smith (Katharine Kirk), whose husband was drowned in Clandeboye Bay while out shooting on November 4th. Both Mr. and Mrs. Smith served overseas, the former joining Queen Mary's Nursing Service and later transferring to the C.A.M.C.

Several delightful showers were given in honor of Miss K. Montgomery previous to her marriage in Winnipeg. These included one given at the home of Miss M. Jephson, a nursing sister, by the Child Welfare Staff, with whom Miss Montgomery worked for the past two years. Miss Montgomery was at Tuxedo Military Hospital for one year prior to the Armistice.

Miss Mary Jamieson (W.G.H., 1914), of the nursing staff, Qu'Appelle Sanitarium, was the guest of honor at a miscellaneous shower given by her friends on October 29th, 1924. The gifts were brought in and presented to the bride-elect by little Rhonda Boughton and Robert Ferguson. Miss Jamieson was married to Mr. Thomas W. Pepper, of the Sanitarium clerical staff, on December 11th, at Swift Current. Mr. and Mrs. Pepper have taken up residence in the McCulloch cottage, near the Clyst. ("Valley Echo," November, 1924.)

An Interesting Photograph

Following several articles on the care of infants and the one on "Health Centres" which have appeared in recent issues of *The Canadian Nurse*, we are pleased to be able to publish this photograph of quadruplets, for which picture we are indebted to Miss Harriet Meiklejohn, Director of Public Health Nursing Service, New Brunswick.

These babies were born on Christmas Day, 1923. Their respective weights at birth were 5 lbs., 5 lbs., 3½ lbs., and 3 lbs. At the end of ten months they weighed 17 lbs., 18 lbs., 12 lbs. and 10 lbs.

The diet has consisted of pasteurized milk, water, sugar, orange juice, and cod liver oil. There has been a continuous gain in weight until the tenth month, when teething slightly retarded their progress and gain.

The babies have been financed by the efforts of the Health Centre, and the above reproduction is from a postcard, copies of which have been sold for ten cents each at all fairs, exhibitions, etc., in the Province of New Brunswick.

The Practice of Midwifery in Canada

(Continued from page 14.)

tion given a spirit of co-operation and mutual understanding.

The purpose of this article is simply to state the problem and to stimulate discussion, not to presume to suggest remedies. In closing, may I point out the wisdom of keeping close contact with the women's organizations? If ever a satisfactory programme of maternal care is to be brought into operation it must of necessity be the result of co-operative effort. No programme, no matter how good, can be imposed by any professional group upon the people at large. To quote from an address recently given by Ella Phillips Crandall, "Humanity wants every good thing it can get, collectively as well as individually, when it really knows what is good. Having faced the facts that the community itself has found, self-interest leads to search for cure; therefore, out of the people's survey comes the people's cure. It is they who counsel together and call in experts. It is they who plan with our help, the proposed structure of community health protection."

News Notes

BRITISH COLUMBIA

New Westminster

The regular monthly meeting of the New Westminster Association of Graduate Nurses was held at Hollywood Sanitarium on December 12th. Miss Best, R.N., gave a very enjoyable and instructive lecture on Mental Hygiene.

Miss Kennedy, R.N. (R.C.H., 1923), has resigned her position at Hollywood Sanitarium and will spend the winter in California.

Miss White, R.N. (R.C.H., 1922), has resigned her position at the General Hospital, Ocean Falls, and will spend a vacation visiting friends in New Westminster and district.

Miss Rich, R.N. (St.J.H., Victoria), has been appointed Night Supervisor of the Maternity Department at Royal Columbian Hospital.

Miss Holmes, R.N. (R.C.H., 1924), has accepted a position at the hospital in Penticton, B.C.

Miss Van Wick, R.N., a graduate of the Royal Columbian Hospital, and post-graduate of the Boston Psychopathic Hospital, has been appointed Superintendent of Nurses at the Provincial Mental Hospital, Essondale, B.C. Miss Van Wick is also in charge of the admitting wards.

SASKATCHEWAN

The Saskatoon Graduate Nurses' Association reports a most interesting meeting held on Monday evening, November 3rd, at the home of Mrs. N. K. Thompson. Mr. D. G. M. McGeery gave an illustrated address on the Canadian Rockies.

Saskatoon

At the December meeting of the Graduate Nurses' Association, Dr. S. W. Walker gave a most interesting address on "Tuberculosis," stressing especially the part to be played by the graduate nurse in the campaign against this disease. Mrs. George Donald and Mrs. George Calder were the hostesses for the social hour following the business meeting.

A dance was held in the Art Academy, Saskatoon, on the evening of October 20th, Mrs. N. K. Thompson and Mrs. G. B. Hill being the patronesses. The Nurses' Association realized $97.00 from the evening.

Miss Marguerite Urton, Miss Armstrong and Miss St. Leaux, graduates from St. Paul's Hospital, Saskatoon, left recently for California, where they will engage in private nursing.

Mrs. W. O. Chown (St. Bon. Hosp., 1906), of Saskatoon, and Miss Lepky (St. Paul's Hospital), are both in hospital suffering from typhoid fever.

Miss P. Dolan and Miss L. Turnbull, 1923 graduates of the Saskatoon City Hospital, have accepted positions on the staff of the Edmonton University Hospital.

Regina

The Regina Registered Nurses' Association has this season held its regular monthly meetings in the Club Room, Y.W.C.A. At the October meeting the Rev. Father Fere, of Campion College, gave an address on "Prehistoric Saskatchewan." Dr. F. A. Corbett was the speaker at the November meeting, giving a most graphic description of the Empire Exhibition at Wembley; and at the December meeting Dr. Urban Gareau gave a most interesting address on Heliotherapy. For the New Year a series of talks on the History of Nursing have been planned.

The Regina Registered Nurses' Association held a most succesful bazaar on Saturday afternoon, November 8th, the receipts being over $550.00. The special purpose to which the funds are to be devoted is the "Sick Nurses' Benefit Fund." A dance is being held early in December, the proceeds being in aid of the general funds of the Association.

Miss Agnes E. Rohrke, of Regina, has recently gone to Woodlands, California.

Miss C. Isabel Stewart, Supervisor of Red Cross Nursing Service, is at present holidaying in Toronto. During Miss Stewart's absence Miss L. E. Denton is relieving at Red Cross Headquarters.

Miss M. A. Lauder (R.G.H., 1919) recently accepted a position on the staff of the Victoria Hospital, Prince Albert.

Miss Phyllis V. Wilbee, of the Victoria Hospital, Prince Albert, has resigned to accept a position on the staff of the Kerrobert Union Hospital.

Miss Lucy Ardra Taylor (St. Paul's Hosp., Saskatoon, 1924), and Miss McLaughlin (Wpg. G.H., 1923) recently accepted positions on the staff of the Anna Turnbull Hospital, Wakaw.

Miss Kinder, late of the Sick Children's Hospital, Winnipeg, recently accepted the position as Superintendent of the Moose Jaw General Hospital.

At the reorganization meeting of the Graduate Nurses of Prince Albert, Sask., held in the Council Chambers on November 13th, at 8 p.m., the following officers were elected:

President: Miss M. I. Hall; first vice-president, Mrs. L. K. Bradbury; second vice-president, Miss E. Hosier; secretary-treasurer, Miss E. Willescraft. Executive Committee: Mrs. W. Cooper, Mrs. A. Hutcheon and Miss Luck.

Representatives to the Sask. Reg. Nurses' Association:—Education Committee—Miss M. I. Hall; Press Committee—Miss A. Delbridge; Private Nursing Committee—Miss Bird; Public Health Nursing Committee—Miss M. Bradshaw.

Arrangements were made for the meetings to be held the fourth Monday evening of each alternate month.

Miss E. E. Wiles, Reg.N., of the City Hospital, Saskatoon, has accepted the position as operating room supervisor at the Victoria Hospital.

Graduate Nurses' Association, Moose Jaw

Miss Morrison, graduate of Toronto General Hospital, recently accepted a position on the staff of the local General Hospital.

Miss Campbell, Assistant Superintendent of Nurses, General Hospital, owing to an eye condition, has been compelled to withdraw, at least temporarily, from the nursing staff. Miss Campbell is at present at Regina for treatment.

Miss Elsie Wallace, who has been convalescing at her home here, has returned to her position at the Mayo Brothers' Hospital.

MANITOBA

St. Boniface Hospital Alumnae Association

The October meeting of the St. Boniface Hospital A.A. took the form of a shower for Miss Blanche Foster. Refreshments were served and completed an enjoyable evening.

ONTARIO

Hospital for Sick Children A.A., Toronto

Miss Greta Symington (H.S.C., 1920) has accepted a position in the Henry Ford Hospital, Detroit.

Miss Dorothy Holliday has returned to Toronto after having had charge of the Red Cross Outpost Hospital at Englehart, Ont., for the last year and a half.

Miss H. McKim (H.S.C., 1919) is travelling abroad.

Miss Flora Jackson (H.S.C., 1919), who has been in charge of the Out Patient Dept., H.S.C., has resigned her position and is taking the Public Health course at the University of Toronto.

Miss Audrey Bachus (H.S.C., 1910) is Supervisor of the Surgical Dept., Harbour Beach Hospital, Harbour Beach, Michigan.

Miss B. Evans (H.S.C., 1919) is at St. Luke's Hospital, Manila, P.I., in charge of the student nurses.

Miss Watt (H.S.C., 1923) has been appointed assistant supervisor of the O.R. at the Hospital for Sick Children, Toronto.

Miss Needler (H.S.C., 1922) has gone to Englehart Red Cross Outpost Hospital as assistant to Miss Pratt (H.S.C., 1923).

Miss Griffis (H.S.C., 1915) has gone to New York where she is in charge of a floor in a private hospital. Miss Piggott, also of class 1915, is joining her this month.

Miss Bullock (H.S.C., 1922) is taking Miss Piggott's place in the Infant Ward of the Hospital for Sick Children.

Miss Annie Ingham (H.S.C., 1921) has a position in the Bridgeport Hospital, Bridgeport, N.Y.

Toronto Western Hospital A.A.

The Toronto Western Hospital Alumnae Association held their regular monthly meeting in the Assembly Hall at the hospital on Friday, November 7th, at 8 p.m.

Following the usual routine of business and the election of officers for the coming year, delightful talks were given by Miss Ellis, Supt. of Nurses, and by Miss McPhedran, of the Neighbourhood Workers' Association. Refreshments were served, and a social evening enjoyed by all.

The regular monthly meeting of the Toronto Western Hospital A.A. has been changed from the first Monday of the month to the second Tuesday.

Miss Lynn and Miss Sumner have left for Miami, Florida, where they intend to spend the winter, nursing.

Miss Darling (T.W.H., 1924) has resigned her position as Supervisor of the private wards at T.W.H. and has gone to New York, where she expects to do private duty nursing.

Miss Lloyd (T.W.H., 1924) has taken Miss Darling's place as Supervisor of private wards, T.W.H.

Miss Cunningham has returned to California where she expects to resume her duties in hospital after a six month's leave of absence, which she spent in various parts of Ontario.

Toronto General Hospital A.A.

An interesting reunion of graduates of the Toronto General Hospital was held in the last week of November in New York City. About sixteen met for high tea, followed by a trip to the theatre. Among those present were: Miss Bertha Bryson (1920), Assistant Superintendent of the Fifth Avenue Hospital; Miss Dorothy Rogers (1923) and Miss Kate Miller (1923), of Bellevue Hospital; Miss Marion McCallum (1920), of the Roosevelt Hospital; Miss Muriel Berry (1922), of Port Chester; Miss Beatrice Snider (1922), of Ninetieth St. Sanitarium, and Miss Evelyn Lewis (1923), from the New York Hospital. Also, Miss Marion Ferguson (1922), Miss Charlotte Gardner (1922), Miss Velma Hayes (1922), and Miss Madeline Small (1920), who are engaged in research work with the Rockefeller Foundation.

On Wednesday, November 26th, a dinner was given at the Nurses' Club, Toronto, by Miss Jean Gunn, in honor of Miss Monk, Superintendent of the London Hospital, London (Eng.). Miss Monk, who has been Superintendent of this Hospital for ten years or more, came to Canada at the instigation of the Rockefeller Committee, to study nursing education in the hospitals here. Miss Monk spent the few days of her visit with Miss Dyke, of the Public Health Department, and the Superintendents of the various hospitals of the city. The graduates of the T.G.H. who were present at the dinner were Miss Jean Browne, Miss Flaws, Miss K. Russell, and Miss A. Wright.

It is with great pride and pleasure that we refer to the invitation extended to Miss Gunn by the Rockefeller Foundation to spend three months this coming summer in England and Europe, making a survey of nursing schools and conditions existing in the various countries. As Superintendent of Nurses, Toronto General Hospital, for eleven years, Miss Gunn has done much, not only for her own student nurses, but also for nursing education and the nursing profession throughout Canada, and we feel that she is most worthy of this recognition given her. Miss Gunn intends leaving about April 1st and will attend the Congress of the International Council of Nurses at Helsingfors, Finland, before returning to Toronto.

The regular meeting of the Alumnae Association of the Toronto General Hospital was held in the Nurses' Residence on the night of Wednesday, December 3rd, the President (Miss Clara Brown) in the chair. Important business was discussed and a resolution was passed to the effect that any graduate of the hospital who is in arrears as to her Alumnae fees is to be given one opportunity to rejoin the Association on payment of fees for one year in arrears, plus her fees for the current year (1925). Notices to this effect are to be posted to all graduates and a three months' time limit (from January to April) is to be given for the payment of such arrears. It is to be definitely understood that this opportunity is not to be repeated and that any member wishing to be reinstated in her Alumnae should do so before April 1st.

Another item of business was the appointment of a committee consisting of Miss M. Dulmage and Miss M. Stillwell to inquire into the cost of a yearly pamphlet to be issued by the Alumnae. The report of this committee is to be given at the next regular meeting of the Association.

A resolution was also passed to the effect that a letter be sent to Miss Gunn from the Alumnae expressing their joy and pride in her invitation from the Rockefeller Foundation to make a tour of England and Europe next summer.

Refreshments were served at the close of the meeting.

The regular meetings of the Alumnae Association of the Toronto General Hospital will be held at 8 p.m. in the Nurses' Residence on the first Wednesday of every second month of the year 1925, beginning with Wednesday, February 4th. Members will be notified of any change in the above arrangement.

Miss Edna L. Moore (1913) is leaving her position with the Ontario Department of Health to become a Social Service Nurse with the Social Hygiene Department of the Cattaraugus County Board of Health, Olean, New York. Miss Laura Gamble (1910) and Miss Margaret McCort (1911) are already engaged in work in this same Department.

Miss Helen Melville (1892), who has been a missionary in Africa, is at home on furlough.

Miss Florence Patterson (1918) has resigned her position on Ward B. to take charge of the Admitting Department of the Hospital. Miss Kate Elliott (1924) has been appointed to Ward B.

Miss Lucy Peters (1924) has gone to Chicago, Ill., where she intends to do private duty nursing.

Miss Leila Ham (1921) has resigned her position at the Toronto General Hospital and leaves early in 1925 for a holiday in California. Miss Helen Hugill (1921) is accompanying Miss Ham on her trip.

St. Michael's Hospital A.A.

The regular monthly meeting of the Alumnae Association was held at the Nurses' Residence. The Toronto Chapter G.N.A.O. also held a meeting there and following the meeting were entertained by the Alumnae.

On Monday, December 8th, Prof. Greaves gave an interesting lecture to the Alumnae on "Public Speaking."

The Rev. Sister Hieronyme has been appointed Superintendent of Nurses at St. Michael's Hospital.

WINDSOR

Essex County Graduate Nurses' Association, Windsor

The members of the Essex County Graduate Nurses' Association recently donated the sum of five hundred dollars to the building fund of the new General Hospital, Windsor. This Association consists of eighty-five members.

Some time ago, in memory of the nurses who gave their lives in the Great War, they furnished a room in Grace Hospital, and also one in Hotel Dieu Hospital.

OTTAWA

Ottawa General Hospital A.A.

Miss Ella Rochon and Miss Mabel Gravel, graduates of the Ottawa General Hospital, have been appointed to positions in the Ottawa Civic Hospital.

Misses Winifred Cox and Helen Burke have been appointed to the staff of the Philadelphia Isolation Hospital.

Misses Helena Costella, Theresa Clapin, and Mary Galvin are taking a course in public health nursing at McGill University, Montreal.

Misses Clara Treau and Edna Ryan have left for New York to take hospital positions.

LONDON

Victoria Hospital A.A.

The annual meeting of Victoria Hospital Alumnae Association was held in the Institute of Public Health.

Miss Agnes Malloch was re-elected President. Hon. President—Miss Grace Fairley (Superintendent of Nurses, Victoria Hospital); 1st Vice-President—Miss Hilda Stuart; 2nd Vice-President—Mrs. Pearl Allison; Secretary—Miss Della Foster; Treasurer—Mrs. Walter Cummins; "Canadian Nurse" Representative—Mrs. A. C. Joseph; Board of Directors—Miss A. McKenzie, Miss J. E. McPherson, Miss

Beatrice Smith, Mrs. A. Stapleton, Mrs. Len Pritchett, Miss M. Jacobs.

The Alumnae agreed to lend any assistance possible to the Red Cross home-nursing course shortly to be undertaken. The members also united to send congratulations to Miss Jean Gunn, of Toronto, an outstanding Ontario nurse, who has been chosen to attend the world nursing congress overseas next year, and who will be a guest of the Rockefeller Inst.

Under a new order issued by the Hospital Trust, student nurses at Victoria Hospital are to undergo a rigid physical examination before being accepted by its school for nurses. This new order, now in effect, will tend to eliminate from the city's nursing school those students who are physically incapable of carrying on the arduous work of a hospital nurse. The officials of the school advise that this step has been taken with a view to greater economy as well as in the interests of young women who wish to follow in the footsteps of Florence Nightingale.

St. Joseph's Hospital A.A.

Misses R. Rouatt, B. Armishaw and Celia Slattery are spending a delightful vacation in Los Angeles, Cal.

Misses Mary Cuddy and Edna Poste have recently joined the nursing staff of Bellevue Hospital, N.Y.

Miss Ruth Stephenson, until recently in charge of E.E. nose and throat nursing at the Clinic Building, London, Ont., has joined the staff of the Polyclinic Hospital, New York.

A successful handkerchief shower was held recently in aid of the Precious Blood Bazaar. Over five hundred "hankies" were received and this contribution from the nurses was greatly appreciated.

The Edith Cavell Nurses' Association

The Edith Cavell Nurses' Association meeting this week enjoyed a social hour after the regular business session. Miss Bertha Smith was appointed programme convener and Miss Macdonald representative to "The Canadian Nurse." The Association arranged for lectures to be given during the year on the following subjects: —November 24th, 1924—Infantile Paralysis: Dr. George Ramsay. January 26th, 1925—Social Service in Slums of New York: Mrs. Jessell. February 23rd, 1925—The Balanced Menu: Dr. J. W. Crane. March 30th, 1925—The Juvenile Court: Major Bradshaw. April 27th, 1925—Illustrated lecture, "Frances Parkman and the Romance of Canadian History": Mr. Fred. Landon. May 25th, 1925—At Byron Sanatorium. June 29th, 1925—At Westminster Psychiatric Hospital.

HAMILTON

Hamilton General Hospital A.A.

Miss Ayrst has accepted a position as Assistant Superintendent of the Memorial Hospital, South Manchester, Conn.

Miss Hobden has been appointed instructess in Practical Nursing at the H.G.H., and the following nurses have been added to the staff: The Misses Jennings, Hazelwood, Inrig, Teeter, and Jean Souter.

On November 29th last the members of the Hamilton General Hospital Alumnae Association held a rummage sale in East Hamilton, which is populated mostly by the families of working men.

A large store with two show windows and a rear exit was procured. All parcels were called for on the previous day and articles marked the same evening. Two departmental stores donated goods for the sale and the nurses canvassed their friends for second-hand clothing. The student nurses also made splendid contributions. Fourteen nurses acted as saleswomen and this number was none too many as the morning crowd of purchasers were the real old-fashioned type of bargain hunters. A policeman assisted as traffic officer and was a splendid help in maintaining order. All goods were sold at most reasonable prices and the sale must have been of great benefit to many deserving people in poor circumstances, as well as a means of augmenting the funds of the A.A. The demand for men's and children's clothing far exceeded the supply. The net proceeds of the sale totalled $115.20. This amount will be divided between the Women's Auxiliary of the Hamilton Hospital and the Duffield Flower Mission, to assist them in their splendid work amongst the needy patients of the Hospital.

QUEBEC

MONTREAL

Montreal General Hospital A.A.

Miss Marjorie Bennetts, class '19, is on the staff of Ontario Mothers' Pensions Department, at Ottawa.

Miss Florence Cluff, who has been at her home in Maxville, Ont., since graduation in 1923, has returned to the city to do private nursing.

Miss Ethel Clark has recently come to Montreal to take up her work in the nursing profession, after spending two years at her home in Carleton Place, Ont.

In news items of M.G.H.A.A., of November issue, Miss Vizard, instead of Viggars, has been taken on the staff of Ottawa Civic Hospital as Night Superintendent.

Miss Janet McNabb, class '20, missionary in North Nigeria, West Africa, is at present on the staff of a mission Hospital there.

Miss Olive MacKay has accepted the position of Superintendent of Winchester Hospital, Winchester, Mass., with Miss L. Urquhart as her assistant.

Miss Bessie Childs, class '13, who has been nursing in New York City for some time, has now opened a tea-room at Burlington, Vt.

Miss Lawrence, class '23, late of the staff of the Montreal Maternity Hospital, resigned, and has taken a position as Assistant Superintendent of the Montreal Baby and Foundling Hospital.

Miss Annie Barclay, class '20, who has been engaged in V.O.N. work in Whitby, Ont., came to M.G.H. on leave of absence to nurse her sister, who underwent an operation.

Miss Violet Socier, class '23, who is engaged in private duty nursing in Montreal, has gone to her home in Chesterville, Ont., owing to ill-health.

Mrs. Donald A. White, formerly Miss Adelaide MacTier, class '23, received recently for the first time since her marriage, at her residence 10 Seaforth Ave. She was assisted by her mother, Mrs. A. D. MacTier, of Montreal, and by her sister-in-law, Mrs. E. F. Fanguir, of Ottawa.

At the November meeting of M.G.H.A.A., Dr. C. R. Bourne gave a very interesting lecture on Skin Diseases, with lantern slides. At the December meeting, Dr. H. Grant Fleming, of Montreal Anti-Tuberculosis and General Health League, gave a lecture on his work.

Miss Irene Markham, class '22, has charge of the Babies' Ward in Stanford University Hospital, San Francisco, Cal.

Misses Violet Larter, Mabel Young and Bernice Outterson are all engaged in the nursing profession in San Francisco, Cal.

Miss Elsa Seveigney, class '19, has returned to Mexico, in the interests of her profession.

Miss M. Pharaoh, class '17, who has spent the past year on the staff of the Lockport Hospital, Lockport, N.Y., has resigned and has returned to Montreal.

Royal Victoria Hospital A.A.

R.V.H. graduates will be interested in the new Montreal Maternity Hospital which is being erected on the upper level of the Hospital property, east of the Ross Pavilion. It is hoped that the building will be opened in two years.

Miss Lillian Pidgeon (R.V.H., 1913) has been appointed Assistant Superintendent at Nassau Hospital, Mineola, Long Island.

Miss Mabel Patterson (R.V.H., 1913), who has been in Vancouver for some years, is returning to the R.V.H. in January.

Miss Rena McGregor (R.V.H., 1924) has been appointed Night Superintendent in the General Hospital, South Bend, Ind. Miss Calvert (R.V.H., 1924) is in charge of the new wing of the same hospital.

Very welcome visitors at R.V.H. recently were Mrs. Peter Duff (Violet Dickinson, R.V.H., 1915) and Miss Kathleen Bliss (R.V.H., 1915).

Children's Memorial Hospital

Miss Dorothy Osmond (1922) has been appointed charge nurse in the operating room, the Shriners' Hospital, Montreal.

Miss May Grimes (1923) has joined the Victorian Order of Nurses, Montreal.

Miss Marion Magee (1923) has accepted a position on the staff of the Methodist General Hospital, Indianapolis, Ind.

We are very pleased to welcome Miss Katherine Scott (T.G.H.) as Instructor of Nurses. The following changes have also been made on the staff this fall: Miss D. Parry (1923), charge of the operating room; Miss F. Laite (1923), charge of outdoor department; Miss E. Hylliard (1924), Night Supervisor.

The Western Hospital, Montreal

Miss Ethel Bradley (1914) and Miss Hazel Kerr (1920) sailed on November 27th for France.

Miss Lillian Brand (1917) has taken charge of the Outdoor Department of the Western Hospital.

Mrs. Pollack (nee Evelyn Dorison), President of the Alumnae Association of the Western Hospital, left Montreal in September to reside at Toronto.

The Montreal Graduate Nurses' Association

The Canadian Nurses' Association, realizing that their name was more or less a misnomer, applied to the Legislative Assembly of Quebec and have had their name changed to "The Montreal Graduate Nurses' Association."

The annual meeting (January 6th, 1925) will be the first meeting to be held under the new name.

QUEBEC

Jeffrey Hale's Hospital A.A.

At the meeting of the Association on December 2nd, 1924, a lecture was given on Cystoscopy by Dr. R. C. Hastings to the Alumnae Association and students in training.

Miss Edna May (1912) has accepted a position on the staff of the Rockefeller Institute Hospital, New York.

Miss D. M. Binning (1911), Immigration Department, Ottawa, has been transferred to Winter Quarters, Halifax, N.S.

Miss Rhoda Perry (1917) has accepted the position as Night Supervisor at the North Hudson Hospital, Weehawken, N.J.

Miss Daisy Jackson (1919), a member of the staff, Jeffrey Hale's Hospital, resigned her position for December 31st, 1924, and will be succeeded by Miss Bessie Adams (1924).

The Misses Riddell and MacKenzie (1922) have resigned their positions at the Ingall Memorial Hospital, Horvely, Ill., and are doing private duty in Chicago.

Sherbrooke General Hospital A.A.

A very enjoyable benefit bridge was given on the 27th of October last by Mrs. C. K. Bartlett (H. Jowett, class 1912) and Mrs. Roy Wiggett (B. Ramier, class 1916) in aid of the Sherbrooke V.O.N. Members of the Alumnae assisted, and the affair was most successful.

Mrs. Agnes Joyal (A. Patrick, class 1902) has opened a sanitarium in the White Mountains, at Telton, N.H., called the "Rosehaven Rest Home."

We extend our sympathy to Mrs. (Dr.) Gillen (K. Beard, class 1902) in the death of her father, and to Mrs. (Dr.) Suitor (class 1903) in the death of her husband.

Miss Phoebe Blake (class 1920) and Miss Dora Bell (class 1918) are head nurses at the Buffalo General Hospital, N.Y.

Miss Gladys White (class 1924) has resigned the position of Assistant Superintendent at the Sweetsburg Hospital.

Miss Bessie Banfield (class 1924) is filling the position of Night Supervisor at the Sherbrooke Hospital.

Miss Mary White (Montreal Western Hospital) has been appointed Instructress to the Sherbrooke Hospital.

At the September meeting of the Alumnae, Miss Parsons (class 1918), who went as a delegate from the Alumnae to the C.N.A. biennial meeting, held at Hamilton in June, read a most interesting report of the Convention, which was much appreciated by those present.

VICTORIAN ORDER OF NURSES

Miss Janet McEachran has returned to the staff after a year's leave of absence on account of her health. Miss McEachran and Miss Cameron have joined the Montreal staff as relief nurses. They come to us from the Henry Street Settlement and are proving themselves very enthusiastic and interested in the work.

Other additions to the relief staff are Miss Grey and Miss Elfred, from the Royal Victoria Hospital, and Miss Buzzell from the Montreal General Hospital.

Miss Mabel MacTaggart, for several years a member of the staff, left recently to be married. She was one of our most interested and conscientious workers and is greatly missed.

Miss Chagnon has recently resigned from the staff of the Child Welfare Association of Montreal to accept a position with the Provincial Government.

Miss Cora Kilburn and Miss Chambers, of Toronto, recently joined the staff of the Child Welfare Association of Montreal and are proving themselves very enthusiastic and interested in the work.

Miss Kate Cowan, graduate of Johns Hopkins Hospital, Baltimore, and of Simmons College, Boston, recently attached to the Department of Public Health Nursing, Toronto University, and who has had considerable experience in field work supervision, has been appointed by the Central Board of the Victorian Order of Nurses for Canada as Supervisor of students for the coming year. This group includes students having their field work with the Victorian Order while taking post-graduate work with the Canadian Universities—Toronto, Western and McGill.

The Victorian Order of Nurses for Canada will be represented at the annual meeting of the Social Service Council for Canada, meeting in Hamilton January 25th-29th, 1925, by Miss M. E. Hanna, District Superintendent, Hamilton, and Miss Mary Stevenson, Central Supervisor for the Victorian Order of Nurses for Canada, and Mrs. W. E. Phin, Mrs. J. Counsell, and Mrs. A. F. Dowie of the Hamilton Branch.

Mrs. Aubrey Brown and Mrs. J. S. Turnbull, of the Digby Branch, Victorian Order of Nurses, were in Ottawa on October 16th and attended the meeting of the Executive Council in the offices of the International Joint Commission. Later these ladies inspected the Central Offices in the Jackson Building, where methods of the National administration were observed.

Mrs. William Dennis, Coburg Road, Halifax, N.S., attended the meeting of the Executive Council on the 16th October, in Ottawa, and was nominated and enthusiastically appointed a member of the Council. Mrs. Dennis was one of the founders of the Victorian Order, in conjunction with the Countess of Aberdeen, and Mrs. Gavin and Mrs. James, of Vancouver.

Miss Beatrice A. Pearce, who has graduated from the University of British Columbia with the degree B.Sc., is on the staff of the Victorian Order of Nurses in Victoria, B.C.

Miss Annie McLeod and Miss J. M. Wade, of Montreal V.O.N., took the Summer Course in Public Health Nursing, Teacher's College, Columbia University, New York, and have returned to the Montreal staff.

Miss Margaret Duffield, graduate of Toronto University 1922-23 course in Public Health Nursing, having been awarded a V.O.N. scholarship, and for the past year in charge of the Brockville district, has been appointed Supervising Nurse of the London district. This is an important district as the V.O.N. staff provides the field work for the Public Health students in connection with the University of Western Ontario.

Miss K. B. Walsh, graduate of the University of British Columbia 1922-23 course in Public Health Nursing, having been awarded a V.O.N. scholarship, has been appointed to take charge of the Edmonton district. Miss Elcoate, formerly in charge of Edmonton, has returned to her home in Australia.

Miss Mabel Hardie, who graduated in public health nursing at Western University, 1921-22, being awarded a V.O.N. scholarship, and recently in charge of the district of Lachine, P.Q., has been transferred to the staff of the London district, at her own request.

Miss Ethel Graham, graduate of the McGill course in Public Health Nursing, 1923, having been awarded a V.O.N. scholarship, and for the past year on the St. Catharines district, has been appointed supervisor on the staff of Greater Montreal.

Miss Leila Wilson, formerly on the staff of the London district, has been appointed in charge of the district of Arnprior, Ontario.

A branch of the V.O.N. has been organized at Mimico, Ont., and on August 1st Miss Ruth Sanders, graduate of the Public Health Nursing course, Toronto University, 1922-23, and later of the Montreal staff, was appointed to open up the district.

Miss Lillian S. M. Shand, graduate of the Toronto University course in Public Health Nursing, 1922-23, having obtained a V.O.N. scholarship, recently on the London staff, has been appointed to open up a new district for the Victorian Order in Belleville, Ont.

A new district has been opened up by the Victorian Order in Chatham, N.B., in charge of Miss Blanche Martell, a graduate of the Public Health Nursing course, Dalhousie University, 1921-22, and recently on the Halifax staff V.O.N.

Nurses who were awarded V.O.N. scholarships for the 1923-24 course in Public Health Nursing at Canadian Universities have received appointments as follows:—

Miss Laura H. Campbell, Western University, London, in charge of the Pictou, N.S., district.

Miss Maude Hulburt, University of British Columbia, in charge of the Brockville district.

Miss E. Duncan, University of British Columbia, to the Edmonton staff.

Miss F. Fullerton, University of British Columbia, to Saanich Health Centre, B.C.

Miss Grace Hill, University of British Columbia, to Saanich Health Centre, B.C.

Miss L. Moffat, University of British Columbia, to the Greater Vancouver staff.

Miss B. Thornsteinson, University of British Columbia, in charge of the Cobalt, Ont., district.

Mrs. A. Grindon, University of Toronto, to the Burnaby district, B.C.

Miss Lawder, University of Toronto, to the Hamilton staff.

Miss E. M. Ratz, University of Toronto, in charge of Sherbrooke, Que.

Miss E. Seeley, University of Toronto, in charge of Burlington, Ont.

Miss Margaret Willis, University of Toronto, in charge of Dartmouth, N.S.

Miss Dorothy James, University of Toronto, to the staff in Cornwall, Ont.

BIRTHS

BROWN—To Dr. and Mrs. M. J. Brown (nee Venite O'Connor, St.M.H., 1921), a son.

JOHNS—On November 14th, in Saskatoon, to Mr. and Mrs. Alden Johns (nee Margaret Frizzell, Guelph General Hospital), a son.

O'KEEFE—At St. Mary's Hospital, Ottawa, to Mr. and Mrs. J. O'Keefe (Mollie Desjardine, O.G.H., 1919), a daughter.

HUNT—At Dixon, Ill., to Mr. and Mrs. Harold V. Hunt (Gertrude Kilburn, T.G.H., 1919), a son (John Kilburn).

MOOREHEAD—On November 20th, at the Wellesley Hospital, Toronto, to Dr. and Mrs. A. S. Moorehead (Olive Umphrey, T.G.H., 1916), a daughter.

BEST—On November 4th, at Winnipeg, Man., to Mr. and Mrs. H. Best (nee Florence Pickles, T.G.H., 1921), a daughter.

ROLAND—On November 30th, at Montreal, to Mr. and Mrs. James Roland (Mabel Clarke, R.V.H., 1915), a daughter.

HARPER—To Mr. and Mrs. Gordon Harper (nee Miss F. W. Brown, class '09), of M.G.H., of Oak Bay, Bonaventure Co., P.Q., at Montreal Maternity, November 7th, 1924, a daughter.

CLEMENT—On November 8th, at St. Vincent's Hospital, Toledo, O., to Dr. and Mrs. F. W. Clement (nee Marion Locke, Toronto Western Hospital), formerly of 440 Shaw Street, Toronto, a son.

DOYLE—On October 3rd, at Fort Qu'-Appelle, to Mr. and Mrs. Doyle (nee Aileen Gonczy, R.G.H., 1920), a son.

COURTNEY—On November 1st, at New Westminster, B.C., to Mr. and Mrs. J. A. Courtney (nee Laura Johnson, Royal Columbian Hospital, 1916), a son.

HENDERSON—On November 10th, at New Westminster, B.C., to Mr. and Mrs. R. Henderson (nee Miss Chadborn, Royal Columbian Hospital staff), a daughter.

BARWICK—On November 9th, at the Medical Arts Hospital, Montreal, to Mr. and Mrs. Angus Barwick (nee Estelle Winnall, Western Hospital, 1921), a son.

GAMMELL—On September 25th, to Mr. and Mrs. Allan Gammell (nee Ethel Charlton, Western Hospital), a son.

ARGUE—On August 30th, at the Medical Arts Hospital, Montreal, to Dr. and Mrs. Allan Argue (nee Julia Moore, Western Hospital, 1917), a son.

TIFFIN—On November 24th, to Dr. and Mrs. M. E. Tiffin (nee Marjorie Forrester, H.S.C., 1920), of Rockyford, Alta., a son (Harold Bruce).

MARRIAGES

ROBINSON—McEWAN — On November 12th, at Winnipeg, Lillabel McEwan (St. Bon. H., 1920) to G. B. Robinson. At home at Elgin, Man.

PEPPER—JAMIESON — On November 11th, at Swift Current, Mary Jamieson (W.G.H., 1913) to Thomas W. Pepper, of Fort Qu'Appelle.

McLEOD—ROWAND—On October 1st, at Regina, Eva Rowand (Victoria Hospital, London, 1913) to G. A. Norman McLeod, of Winnipeg.

SMALL—DEAN—On July 31st, at the American Presbyterian Church, Montreal, Phyllis Dean (M.W.H., 1917) to Marshall Small.

ROBERTSON—ROWLEY—On September 27th, at Montreal, Christine Rowley (M.W.H., 1917) to Percy Robertson, of Montreal.

STRICKLAND—JACKSON—On September 22nd, at Quebec, Ada Jackson (M.W.H., 1921) to Stanley Strickland, of Montreal.

HUME—BUTLAND—On November 17th, at Calvary Church, Westmount, P.Q., Ellen Butland (M.W.H., 1923) to George Hume, of Montreal.

GERRARD—O'DONNELL — At Brooklyn, N.Y., Kathleen O'Donnell (St.M.H., Toronto, 1920) to Alexander Gerrard.

McDOWELL—GIGNAC—In Toronto, Loretta Gignac (St.M.H., Toronto, 1917) to William McDowell.

STEWART—MORLEY — On Wednesday, November 19th, at the Bloor Street Presbyterian Church, Toronto, Margaret Mary Morley (T.G.H., 1921), to William J. Stewart. Mr. and Mrs. Stewart will live in Toronto.

MACKAY—MONTGOMERY—On November 19th, in Westminster Presbyterian Church, Winnipeg, by the Rev. Dr. D. Christie, Katharine Montgomery (W.G.H. 1917) to Sinclair Mackay.

SAUNDERS — BEAUCHAMP — On November 26th at St. Rose Lima, Ottawa, Lola Beauchamp (O.G.H., 1923) to Dr. Joseph Saunders, Arnprior, Ont.

PEPPER — JAMIESON — On December 11th, at Swift Current, Mary Jamieson (Winnipeg G.H., 1914) to Thomas W. Pepper.

ROSSBOROUGH — MORTON — In St. John's Church, Fort Frances, Ont., on Thursday, October 2nd, 1924, Mary Isabella Morton (R.V.H., 1918) to Frederick Rossborough.

DEATHS

HAHN—On November 18th, at Regina, following a brief illness, Hilda Dorothy Hahn. Miss Hahn was a 1924 graduate of the Regina General Hospital, having completed her training on October 23rd.

MATTHEWS—On September 6th, at Pembroke, Ont., Hazel Matthews (Regina G.H., 1915).

JOHNS—On November 15th, 1924, the infant son of Mr. and Mrs. Alden Johns, of Saskatoon.

CORRECTION

The attention of the members, Canadian Nurses' Association, is drawn to the incorrect wording of an amendment made to Clause 2 of the Resolution re "Maternal Care," as presented at the Biennial Meeting, 1924, and reported on page 461, line 8, August number of *The Canadian Nurse*. The correct wording is: An amendment was moved by Miss Gunn and seconded by Miss Bennett, *"That the Association approves of the plan of establishment of Outposts as a means of meeting nursing needs in outlying districts."*

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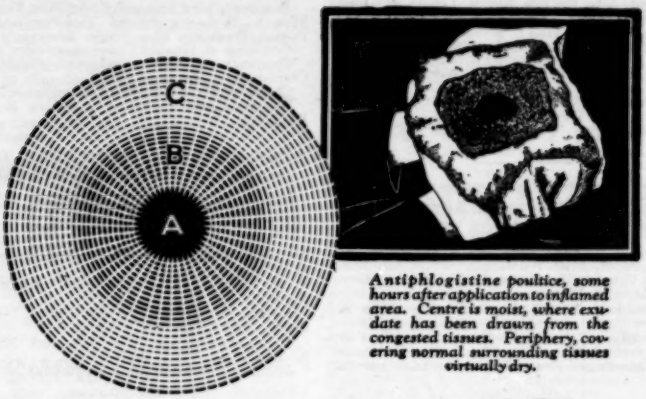

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